

Work Site Hazard and Risk Control Assessment



SECTION ONE: SITE DETAILS			
Site Address <i>Little Sister of the poor</i>			
Person completing form: <i>Lilla Dawisera</i>		Date of completion: <i>21-12-11</i>	
Number of persons on site: <i>2</i>		Time of day: <i>9:30</i>	
SECTION TWO: THE TASK			
Tick the tasks or works to be performed on this site during this day as listed below:			
Felling	<input type="checkbox"/>	Dismantling	<input checked="" type="checkbox"/>
Chipping	<input checked="" type="checkbox"/>	Tree Inspection	<input type="checkbox"/>
Excavating	<input type="checkbox"/>	Tree restraint	<input type="checkbox"/>
Stump Grinding	<input type="checkbox"/>	Deliveries	<input type="checkbox"/>
Pruning	<input checked="" type="checkbox"/>	Root Pruning	<input type="checkbox"/>
Slashing	<input type="checkbox"/>	Seed Collection	<input type="checkbox"/>
Cutting Logs	<input checked="" type="checkbox"/>	Wildlife Boxes	<input type="checkbox"/>
Pest Control	<input type="checkbox"/>	Traffic Control	<input checked="" type="checkbox"/>
SECTION THREE: THE EQUIPMENT TO BE USED			
Tick the items of equipment listed below you will use to complete the tasks as ticked above:			
Climbing Gear	<input checked="" type="checkbox"/>	Work Platforms	<input type="checkbox"/>
Chainsaw	<input checked="" type="checkbox"/>	Stump Grinders	<input type="checkbox"/>
Truck Cranes	<input type="checkbox"/>	Bob Cats	<input type="checkbox"/>
Wire Winches	<input type="checkbox"/>	Lowering Device	<input type="checkbox"/>
Ladders	<input type="checkbox"/>	Chippers	<input checked="" type="checkbox"/>
Mobile Cranes	<input type="checkbox"/>	Rigging Gear	<input type="checkbox"/>
Barrow / Trolley	<input type="checkbox"/>	Digging Gear	<input type="checkbox"/>
Signs / Cones	<input checked="" type="checkbox"/>	First Aid Kit	<input type="checkbox"/>
REMEMBER THE FOUR STEPS TO HAZARD ASSESSMENT			
1. IDENTIFY THE HAZARD		2. ASSESS DANGER AND LIKELYHOOD	
3. CONTROL THE IDENTIFIED RISK		4. MONITOR THE RISK CONSTANTLY	
SECTION FOUR: WEATHER			
Tick the weather conditions for this day			
Light Rain	<input type="checkbox"/>	Heavy Rain	<input type="checkbox"/>
Sunny	<input checked="" type="checkbox"/>	Very Hot	<input type="checkbox"/>
Light Wind	<input type="checkbox"/>	Lightning Stormy	<input type="checkbox"/>
High Wind	<input type="checkbox"/>	Overcast	<input type="checkbox"/>
SECTION FIVE: TREE HAZARDS ON SITE			
Dead Wood	<input checked="" type="checkbox"/>	Hollow Trunk	<input type="checkbox"/>
Open Cavities	<input type="checkbox"/>	Cracks or splits	<input type="checkbox"/>
Root Damage	<input type="checkbox"/>	Moving in Ground	<input type="checkbox"/>
Dead Tree	<input type="checkbox"/>	Decayed Tree	<input type="checkbox"/>
Fungal brackets	<input type="checkbox"/>	Unnatural lean	<input type="checkbox"/>
Bees or wasps	<input type="checkbox"/>		
Termites	<input type="checkbox"/>		
SECTION SIX: STAFF HAZARDS ON SITE			
Insufficient Staff	<input type="checkbox"/>	Excess Staff	<input type="checkbox"/>
Untrained Staff	<input type="checkbox"/>	Unsupervised	<input type="checkbox"/>
SECTION SEVEN: SITE SPECIFIC HAZARDS			
Steep Slopes	<input type="checkbox"/>	Uneven Ground	<input type="checkbox"/>
Rocky Ground	<input type="checkbox"/>	Loose Surfaces	<input type="checkbox"/>
Debris on ground	<input type="checkbox"/>	Electricity or Gas	<input type="checkbox"/>
Thorny Vegetation	<input type="checkbox"/>	Road Traffic	<input checked="" type="checkbox"/>
Slippery Surfaces	<input type="checkbox"/>	Poisonous Plants	<input type="checkbox"/>
Holes / Trenches	<input type="checkbox"/>	Poor Weather	<input type="checkbox"/>
Pits / Pipes / Drains	<input type="checkbox"/>	Electrical Hazards	<input type="checkbox"/>
Sharp Objects	<input type="checkbox"/>		
SECTION EIGHT: PLANT AND EQUIPMENT HAZARDS			
Faulty Chainsaws	<input type="checkbox"/>	Untrained operator	<input type="checkbox"/>
Ropes inspected	<input type="checkbox"/>	Appropriate size	<input type="checkbox"/>
WLL known	<input type="checkbox"/>	Suitable guards	<input type="checkbox"/>
Sharp knives	<input type="checkbox"/>	Blunt Chains	<input type="checkbox"/>
All Equipment inspected and Safe to use: <input type="checkbox"/>			
Give Details of faulty equipment:			

REMEMBER THE METHODS OF CONTROLLING HAZARDS

1. THE MOST EFFECTIVE METHOD OF CONTROL IS TO ELIMINATE THE RISK.
2. IF YOU CANNOT ELIMINATE THEN SEPARATE THE PEOPLE FROM THE RISK.
3. IF YOU CANNOT SEPARATE THEN CHANGE THE WORK METHOD.
4. IF YOU CANNOT CHANGE THE WORK METHOD THEN USE P.P.E

SECTION NINE: RISK ASSESSMENT AND CONTROL

List the Hazards as Identified over the page

How are you going to control these Hazards

All Hazards Identified

all controls taken - 12-11

Detail the Major Risk on Site:

SECTION TEN: POSSIBLE INJURIES

Electrocution	Falling Objects	Slips and Trips	Falls from height
Major Cuts	Crushed / Pinned	Burns	Poisoning
Broken Bones	Chemical spills	Allergy	Foot injury

SECTION ELEVEN: POSSIBLE OUTCOME FROM RISK

Loss of Life	Permanent Injury	A month of work	First aid only
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SECTION TWELVE: CONTRACTORS AND EMPLOYEES MUST COMPLETE

Print your name clearly

Signature

1	<i>Colin Davies</i>	<i>[Signature]</i>
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