

<b>1. TASK DETAILS:</b>									
Work Location/s:									
Description of Work:									
Person completing form:					Date:				
<b>2. PRE-TASK CHECKS:</b> <i>Tick all Pre-Task Check questions. Tick the N/A box if SWMS is not required.</i>									
					N/A	YES	NO	If NO, work MUST NOT start	
a. Am / I we fit to do the work?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Am / I we authorised, trained and competent to undertake the work?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Do I / we fully understand the work?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. If high risk construction work or HIRAC assessed as high does SWMS exist?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Tick all Pre-Task Check questions below. If question is not applicable tick N/A box.</i>					N/A	YES	NO	If NO, prior to start of work rectify all issues	
e. Have I/we been inducted to and understand the approved SSOW for the activity?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Do I / we have all the correct PPE and tools to do the work?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Have I / we completed all pre-safety checks of plant and equipment?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Have I / we implemented all required plans (e.g. Traffic Control Plan)?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. Have I / we completed all required permits (e.g. Confined Spaces Permit)?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. Have I / we informed others that may be affected or impacted by our work?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. Does SSOW documentation (e.g. SWMS, HIRACs or SOPs) exist for the work?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. Is the approved SSOW documentation available at the actual work site/s?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
List all approved SSOW? (e.g. SWMS, HIRACs or SOPs)									
<b>3. HAZARD IDENTIFICATION:</b> <i>If a hazard was not identified or adequately controlled in the approved SSOW for your work, circle the new hazard/s below. NOTE: You can circle either the Hazard Category or Example of Hazard.</i>									
NO.	HAZARD CATEGORY	EXAMPLE OF HAZARD							
1.	Asbestos	Inhalation risk	Bonded	Friable	Illegal dumping				
2.	Chemicals	Reaction	Spill	Burn	Ingest / inhale				
3.	Confined Space	Engulfment	Explosive	Oxygen deficient	Restricted access				
4.	Services / Utilities	Electrical(e.g. HV)	Overhead	Underground	Unsure location				
5.	Excavation	Collapse/ engulfment	Poor ground condition	Impact to others					
6.	General	Bites & Stings	Vibration		Water body (e.g. Dam)				
7.	Gravity	Slip, trip or fall	Fall from height		Falling objects				
8.	Work on/ near water	Drowning	Submerged objects		Boating				
9.	Lone worker	No reception	Remote site	No 'Buddy'	After hours				
10.	Manual handling	Twisting	Lift / lower	Pushing / pulling	Poor posture				
11.	Moving objects	Struck by	Strike against	Caught between	Caught in				
12.	Noise	Continuous	Intermittent	Environmental	Loud				
14.	Work near traffic	Pedestrians	Vehicles	Mobile plant	Speed				
15.	Visibility	Too dark	Too bright	Poor / limited	Inadequate				
16.	Weather conditions	Wind	Rain	Fog	Sun	Cold	Hot		
17.	List any other hazards								
Additional hazard details									

<b>4. RISK ASSESSMENT &amp; CONTROL:</b>		<i>If a hazard was circled add details to Risk Assessment &amp; Control section below.</i>										
NO.	INHERENT RISK <i>(Before Controls)</i>	NOMINATED CONTROLS & PRECAUTIONS					RESIDUAL RISK <i>(After controls)</i>					
RISK ASSESSMENT MATRIX		CONSEQUENCES (C)					HIERARCHY OF CONTROLS					
		1	2	3	4	5	IF THE HAZARD CANNOT BE ELIMINATED CONSIDER:					
		Minor/No treatment	First Aid treatment	Significant injury	Major injury	Fatality						
LIKELIHOOD (L)	A	Almost Certain	MED	HIGH	HIGH	EXT	EXT	1.	SUBSTITUTION			
	B	Likely	MED	MED	HIGH	HIGH	EXT	2.	ISOLATION			
	C	Possible	LOW	MED	HIGH	HIGH	HIGH	3.	ENGINEERING			
	D	Unlikely	LOW	LOW	MED	MED	HIGH	4.	ADMINISTRATION			
	E	Rare	LOW	LOW	MED	MED	HIGH	5.	PPE			
What was the highest residual risk after controls were applied <i>(Please circle)</i> ?							EXT	HIGH	MED	LOW		
If:	EXT	HIGH	If an approved SWMS covers the work, work may start in-line with the requirements outlined in the SWMS & TAKE 5. If an approved SWMS does not exist, <b>work must not start</b> . Immediately contact your Supervisor / Manager.									
	MED		If an approved SSOW (e.g. HIRAC) covers the work, work may start in-line with the requirements outlined in the HIRAC & TAKE 5. If an approved HIRAC does not exist, work may start in-line with the requirements outlined in the TAKE 5. A HIRAC <b>must</b> be developed & approved before the work is undertaken again. Contact the Workplace System Team.									
	LOW		Work may start in-line with the requirements outlined in the TAKE 5.									
<b>5. APPROVAL &amp; SIGNATURES:</b>							<i>If more space is required please add an additional signature page.</i>					
Name:						Signature:				Date:		
Name:						Signature:				Date:		
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Name:						Signature:				Date:		
Name:						Signature:				Date:		
The signature/s above indicates that I / we have completed this form to the best of my / our ability and will implement all required controls to ensure the work can proceed safely. I / we also agree that if any conditions change (e.g. new hazards identified) I / we will stop and reassess the work.												