

# RISK ASSESSMENT

## Point of Work Risk Assessment

|  |   |                                 |                          |                           |                          |                                |     |
|--|---|---------------------------------|--------------------------|---------------------------|--------------------------|--------------------------------|-----|
| Brief Task Description   |   |                                 |                          |                           |                          |                                |     |
| Property Name  |   | Job No                          |                          |                           |                          |                                |     |
| Date   |   | Time                            |                          |                           |                          |                                |     |
| Part 1. STOP   | <b>Before you start</b>   |                                 |                          | <b>YES</b>                | <b>NO</b>                | <b>N/A</b>                     |     |
|  | Are you at the correct site, item of plant or location  |                                 |                          |                           |                          |                                |     |
|  | Do you have the right documentation for the job   |                                 |                          |                           |                          |                                |     |
|  | Do you have the right PPE for the task  |                                 |                          |                           |                          |                                |     |
|  | Are power tools and leads and plant tested  |                                 |                          |                           |                          |                                |     |
|  | Are scaffolds and ladders inspected and in date   |                                 |                          |                           |                          |                                |     |
|  | Is lifting equipment inspected and in date  |                                 |                          |                           |                          |                                |     |
|  | If you have answered 'No' to any of the above, take the required action or report to your Facilities Manager, if in doubt always ASK!   |                                 |                          |                           |                          |                                |     |
| Part 2. THINK  | <b>Safety and Health Assessment (if the hazard is present tick the box)</b>   |                                 |                          |                           |                          |                                |     |
|  | <input type="checkbox"/>  | Falls from Height               | <input type="checkbox"/> | Entry into confined space | <input type="checkbox"/> | Poor Lighting                  |     |
|  | <input type="checkbox"/>  | Falling or flying objects       | <input type="checkbox"/> | Dust                      | <input type="checkbox"/> | Temperature                    |     |
|  | <input type="checkbox"/>  | Chemicals / harmful agents      | <input type="checkbox"/> | Fumes                     | <input type="checkbox"/> | Adverse Weather                |     |
|  | <input type="checkbox"/>  | Heat, fire or explosion         | <input type="checkbox"/> | Noise                     | <input type="checkbox"/> | Uncertified Equipment          |     |
|  | <input type="checkbox"/>  | Asphyxiation or drowning        | <input type="checkbox"/> | Vibration                 | <input type="checkbox"/> | Risk to you from your work     |     |
|  | <input type="checkbox"/>  | Risk to plant                   | <input type="checkbox"/> | Electricity               | <input type="checkbox"/> | Risk to others from your work  |     |
|  | <input type="checkbox"/>  | Contact with Stationary Object  | <input type="checkbox"/> | Residues                  | <input type="checkbox"/> | Stored energy or insecure load |     |
|  | <input type="checkbox"/>  | Object overturning / collapsing | <input type="checkbox"/> | Underground Services      | <input type="checkbox"/> | Traffic or moving vehicles     |     |
|  | <input type="checkbox"/>  | Slips, trips or falls potential | <input type="checkbox"/> | Manual Handling           | <input type="checkbox"/> | Other (state):                 |     |
|  | If required, you must have a <b>rescue plan in place</b> . Provide brief details in the space below:<br>(You must always be able to provide a way to safe escape in the event of something going wrong) |                                 |                          |                           |                          |                                |     |
| If no control measures are in place for the hazards identified above, then complete the section below by identifying and applying appropriate control measures before commencing work. |   |                                 |                          |                           |                          |                                |     |
| Part 3. ACT  | <b>Additional Safety Assessment</b>   |                                 |                          |                           |                          |                                |     |
|  | Hazard (Identified above)   |                                 | Control Measures         |                           | Residual Risk            |                                |     |
|  |   |                                 |                          |                           | High                     | Medium                         | Low |
|  |   |                                 |                          |                           |                          |                                |     |
|  |   |                                 |                          |                           |                          |                                |     |
|  |   |                                 |                          |                           |                          |                                |     |
| Warning: If residual risk is still 'High' or 'Medium' do not commence work and contact your Facilities Manager   |   |                                 |                          |                           |                          |                                |     |
| Part 3. ACT  | Name:   |                                 | Position:                |                           |                          |                                |     |
|  | Signature:  |                                 | Date:                    |                           |                          |                                |     |