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| --- | --- | --- | --- |
| **PRELIMINARY RISK ASSESSMENT FORM** | | | |
| DESCRIPTION OF WORK SPECIFIC TO THE ACTIVITY / TASK BEING UNDERTAKEN | | | |
| Trades involved with undertaking this Work Activity / Task: | | | |
| **This Safe Work Method Statement is submitted to:** | | | |
| COMPANY: | ABN: | REFERENCE: | |
| CONTACT NAME: | | PHONE NUMBER: | |
| SITE ADDRESS: | | PROJECT DETAIL: |  |
| **This Safe Work Method Statement was reviewed by:** | | | |
| NAME: | | POSITION: | |
| SIGNATURE: | | DATE: | |
| PHONE NUMBER: | | MOBILE NUMBER: | |
| Responsible person who will implement, review supervise, oversee, approve & inspect workplace, plant, tools, protective measures & equipment on Contractors Behalf. | | | |
|
| NAME: | | POSITION: | |
| SIGNATURE: | | DATE: | |
| PHONE NUMBER: | | MOBILE NUMBER: | |
| EMAIL: | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Equipment To Be Used | Tick | Hazardous Substances | Tick | Itemise PPE Used? | Tick | Potential Hazards Review Risks | Risk Class |
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**HEALTH RISKS & LIKELIHOOD OF DAMAGE**

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| --- | --- | --- | --- | --- |
| NOTE: If a hazard is rated 1, 2 or 3 actions must be taken immediately | | | | |
| What Damage could it cause? | Very Likely Could happen anytime | Likely Could happen sometimes | Unlikely Could happen, but only rarely | Very Unlikely Could happen, but probably never will |
|
| Death or Permanent Disability | 1 | 1 | 2 | 3 |
|
| Long Term illness or Serious injury | 1 | 2 | 3 | 4 |
|
| Medical attention & several days off work | 2 | 3 | 4 | 5 |
|
| First Aid needed | 3 | 4 | 5 | 6 |
|

**HEALTH RISKS & LIKELIHOOD OF DAMAGE (CONT.)**

|  |
| --- |
| **Scope of Works** |
| The following work activities are scored for risks associated with work hazards, and then controls implemented to reduce the risk to the lowest possible result. |
|
| **1.** Step by step sequence of the tasks in carrying out the work from start to finish |
| **2.**  Listing of potential hazards and the risk to health and safety |
| **3.**  Rating of the risk (from the "Hazpak" score 1 - 6) |
| **4.** The safety controls that will be implemented to eliminate or reduce the risk to the lowest possible level |
|
| **5.** Rating of the risk after controls have been implemented |
| NOTE: If a hazard is rated 1, 2 or 3 actions must be taken immediately to ensure the control is adequate to reduce the hazard to at least 4 as a minimum. |
|
| **6.** Insert the name or title of the person responsible for ensuring these controls are in place for this work task being undertaken. |

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| --- | --- | --- | --- | --- | --- | --- |
| S T E P S | Job Step :  Break the job down into steps, Outline each task to do the job | Hazard Identification  Identify any potential hazards associated with each job step.  .Access any risks that could lead to an incident or lead to an adverse environmental impact and rate each risk accordingly. | Risk Class | Controls Implemented  Using the previous two columns as a guide, decide what actions are necessary to eliminate or minimise the hazards that could lead to an accident, injury or occupational illness or environmental impact **Note: Indicate new risk rating after controls used - that the resulting risk rating must be reduced to between 4 - 6** | Risk Class | Person Responsible |
|
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|
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| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
|
|
|
|
|
| 3 |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **CHECKLIST OF ITEMS THAT MAY BE REQUIRED FOR THIS WORK ACTIVITY** | |
| **WORKCOVER APPROVALS / CERTIFICATES** Note: Design and Item Registration for certain plant |  |
| LIST OF RELEVANT LEGISLATION APPLICABLE CODES OF PRACTICE OR ADDITIONAL REFERENCES AS REQUIRED |
| COMMUNICATION & CONSULTATION |
| MAINTENANCE CHECKS |
| COUNCIL / EPA PERMITS |
| VICROADS PERMITS |

**DECLARATION BY CONTRACTORS & WORKERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Declaration by Contractors & Workers:** This Preliminary Work Method Statement has been developed in consultation with our employees, has been read, understood & signed by **ALL** employees and contractors involved with this specific work activity.  **Note:** Copies of all training certificates should be made available to the Principle or Head Contractor | | | | | | |
|
|
| NAME |  | SIGNATURE |  | | DATE |  |
| INDUCTION OHS CARD # |  | WORK ACTIVITY |  | SITE SPECIFIC # |  | |
| LICENCE TYPE & # |  | TRADE QUALS |  | OTHER TRAINING |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INSTALLERS NAME | INDUCTION OHS CARD # | SWMS TRAINING CONDUCTED | SIGNATURE | DATE |
|  |  |  |  |  |
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|  |  |  |  |  |