

WORKSITE RISK ASSESSMENT FORM / SITE INDUCTION FORM

Please tick box if using as a site induction form - daily/minor works only

Date: _____ Time: _____ Location: _____

Description of Job: _____ Job Number: _____

Have the crew read and understood the content of the Work Method Statement(s) and/or Operating Procedure(s) required for the task? YES NO	Are the required Work Method Statement(s) available on site? YES NO Number(s):
Checklist Hazard(s) Identified	Action to reduce risk / control hazard

Hazardous to People	Initial Risk Rating	Final Risk Rating
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<input type="checkbox"/> Confined space/s		Entry Permit No.
<input type="checkbox"/> Temperature/weather		
<input type="checkbox"/> Visibility		
<input type="checkbox"/> Electrical items		
<input type="checkbox"/> Underground/overhead services		
<input type="checkbox"/> Slips/trips/falls		
<input type="checkbox"/> Working at heights		
<input type="checkbox"/> Noise		
<input type="checkbox"/> Poor communication/working alone		
<input type="checkbox"/> Sharps		
<input type="checkbox"/> Members of the public		
<input type="checkbox"/> Excavations		
<input type="checkbox"/> Traffic		Plan No.
<input type="checkbox"/> Moving equipment (eg. Roller, Loader)		
<input type="checkbox"/> Small plant (eg. Whacker Packer)		
<input type="checkbox"/> Manual handling (eg. Carrying signs)		
<input type="checkbox"/> Hazardous substances		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		

Hazardous to the Environment (animals, plants, soil, air and water)

<input type="checkbox"/> Chemicals/fuels		
<input type="checkbox"/> Dust/gas		
<input type="checkbox"/> Pollution		
<input type="checkbox"/> Sediment and erosion		
<input type="checkbox"/> Other		

I have participated in this Worksite Risk Assessment process and I understand the work activity, my responsibilities and control measures.

PRINT NAME & SIGNATURE

PRINT NAME & SIGNATURE

1	7
2	8
3	9
4	10
5	11
6	12

Prepared by: _____ Signature: _____

SITE RISK ASSESSMENT REVIEWS				
Date:	Time:	Location:	Initial:	Date:
Date:	Time:	Location:	Initial:	Date:
Date:	Time:	Location:	Initial:	Date:
Date:	Time:	Location:	Initial:	Date: