

**Task:**

**Supervisor:**

First name

Last name

### STOP AND THINK THROUGH THE TASK

I am fit for work (rested and alert, not stressed or fatigued)	YES / NO
I am fully focused on the task	YES / NO
I understand the task scope and method	YES / NO
I have the skills, training, experience and licenses to complete the task	YES / NO
My tools and equipment are fit for purpose and in safe working condition	YES / NO
I have the correct PPE for the task	YES / NO
I know what to do in the event of an incident/emergency	YES / NO
I have communicated with workers that may be affected by my task	YES / NO / NA

**If NO: STOP and speak to your supervisor**

### Hazard Identification

#### Examples of some typical hazards you may encounter

Lifting operations/suspended loads <input type="checkbox"/>	Hot works/fire/explosion <input type="checkbox"/>
Hazardous substances/dangerous goods <input type="checkbox"/>	Electrical <input type="checkbox"/>
Dust, fibre or fume exposure <input type="checkbox"/>	Confined spaces <input type="checkbox"/>
Uneven or slippery surfaces/untidy area and walkways <input type="checkbox"/>	Working at height <input type="checkbox"/>
Use/interaction with vehicles/mobile plant/machinery <input type="checkbox"/>	Falling/dropped objects <input type="checkbox"/>
Pressure or stored energy (e.g. pneumatic, hydraulic) <input type="checkbox"/>	Noise and vibration <input type="checkbox"/>
Ergonomic (e.g. lifting, pulling, repetition, positions) <input type="checkbox"/>	Interaction with others <input type="checkbox"/>
Water (e.g. working on, in, over or within 2 metres) <input type="checkbox"/>	Dehydration/heat exhaustion <input type="checkbox"/>
Environment (e.g. dust, spills, flora, fauna) <input type="checkbox"/>	Biological/disease <input type="checkbox"/>
Weather (e.g. temperature, rain lightning, wind) <input type="checkbox"/>	Excavations/trenching <input type="checkbox"/>
Entanglement/pinch point/crush/line of fire <input type="checkbox"/>	Psychosocial <input type="checkbox"/>
Lighting (e.g. low/high level, glare) <input type="checkbox"/>	Stairs/ladders <input type="checkbox"/>

**You are responsible for YOUR SAFETY and the SAFETY OF OTHERS.**  
**You are empowered to use your STOP WORK AUTHORITY and speak up if there is an unsafe condition or behaviour.**



Identify risks associated with your task and implement controls

Potential hazard	Controls	L	M	H	E
<div>Most effective</div> <div>Hierarchy of controls</div> <div> <div>Elimination</div> <div>Substitution</div> <div>Engineering controls</div> <div>Administrative controls</div> <div>PPE</div> </div> <div>Least effective</div>					
ALL RISKS ARE RATED LOW		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF ANY RISKS ARE RATED MODERATE, HIGH OR EXTREME: STOP! A JHA MUST BE COMPLETED FOR THIS TASK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am responsible, I am in control and I can complete the task safely

Name:

Date:

First name

Last name

Signature:

Time:

If anything changes (e.g. people, equipment, environment), **STOP** and reassess **your** risk assessment