## **RISK ASSESSMENT Form**

FM -COQ-010



Job	Number:
Add	lress:

This section must be completed for every work order. A completed risk assessment should be kept on site when the work in progress. If a hazard is identified, you must consult with your workers and others who may be on the site. Always document the method you intend to use in eliminating or controlling the risk associated with the hazard/s identified.

Access – Aggressive Dogs / Animals	
66 67	
Access – Aggressive Tenants / People	
Access – Sharps or syringes	
Access – Slip / Trip Hazards	
Asbestos removal or risk or disturbance	
Broken Glass	
Concrete	
Confined Space	
Dangerous Substances	
Dust	
Electricity	
Excavation Works	

Excessive manual handling	
Exposure to UV	
Fall from Height above 1.8m	
Gas	
Hit by objects falling from height	
Hot Objects or Extreme heat	
Impact on Air Quality	
Impact on Soil Quality	
Impact on Water Quality	
Lead Paint Hazards	
Machinery Operating in Vicinity	
Over Head Power Lines	

Possible Public access	
Potential Damage to Public Asset	
Rubbish	
Slippery Surfaces	
Snake &/or Spider Bite	
Trees/Bushes/Long Grass	
Uneven Ground	
Vehicle Movement in Proximity	
Working at Heights above 2.0m	
Working on Ladders	
Other	

## Risk Rating & SWMS used

1 is the highest and most severe situation

6 is the lowest and least severe situation

Safe Work Method Statements must be done for all risks of 1, 2 & 3

Do not continue work until this site has been viewed by a Supervisor and all Safe Work Method Statements have been approved.

## Work Supervisor / Tradesman to complete

I have conducted a site inspection and identified hazards as they exist on the date of the inspection.

Supervisor's Name: \_\_\_\_\_\_\_Signature: \_\_\_\_\_\_

Date:

The tradesmen will need to discuss this job with me: Yes / No

		WHAT IS THE LIKELIHOOD?			
		Very	Likely	Unlikely	Very
CONSEQUENCE		Likely	Could	Could	unlikely
	001102Q021102	Could	happen	happen	Could but
		happen	some	but very	probably
		anytime	time	rarely	never will
	Fatality, loss of body				
	Function,	1	1	7	2
	1Hospitalization		L	2	3
SEVERITY	Or serious damage				
	Lost time injury or Significant damage	1	2	3	4
$\geq$	Medical treatment – no				
S	1Hospitalization or serious damage	2	3	4	5
	First Aid or potential Damage only	3	4	5	6

Tradesman to Complete		
Controls and Protective Measures	Please Initial	
Signs and barriers are erected to warn of any danger and to secure work area		
Layout of materials, tools and work site is safe for manual handling and minimizes risk of slips, trips and falls		
All equipment for the task is in safe working condition		
Know where to access the first aid kit, drinking water and telephone		
All necessary Personal Protective Equipment's are used		
Any change that may increase risks throughout job is being checked.		
Work site is returned to a safe condition and is clean and tidy		

Hazard Prompts (Guide Only)				
* Will you be working in close proximity to overhead powerlines less than (3) metres?  * Will you be obstructing vehicle or pedestrian traffic?				
* Will your work effect or damage any underground service	* Will you be completing any high risk activities whilst	working alone?		
* Are you going to work in close proximity to an open trend	th or excavation? * Will you be removing or working with Asbestos?	* Will you be removing or working with Asbestos?		
* Are you going to work above two (2) metres without fall p	protection? * Will you be completing any high risk activities whilst	* Will you be completing any high risk activities whilst working alone?		
* Are you going to be working near any unprotected fall zones?  No Yes who did you contact?				
* Will you be operating or working near mobile powered plant e.g. excavator?				
Date Hazards Identified	Actions Taken	By Whom		

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17/11/2020	Risk Assessment form	DATE REVISED :25th October 2020	1 of 2
		Review by C&Q and National Operation Manager	

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