

# 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? <b>YES NO</b>	Are the required Work Method Statement(s) available on site? <b>YES NO</b> Number(s): _____
<b>Checklist Hazard(s) Identified</b>	<b>Action to reduce risk / control hazard</b>

Hazardous to People	Initial Risk Rating	Final Risk Rating
<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: _____
<b>SITE RISK ASSESSMENT REVIEWS</b>	Date: _____ Time: _____ Location: _____ Initial: _____
Date: _____ Time: _____ Location: _____ Initial: _____	Date: _____ Time: _____ Location: _____ Initial: _____
Date: _____ Time: _____ Location: _____ Initial: _____	Date: _____ Time: _____ Location: _____ Initial: _____
Date: _____ Time: _____ Location: _____ Initial: _____	Date: _____ Time: _____ Location: _____ Initial: _____