



Hazard Identification And Control

This form must be completed at the start of all new jobs or if existing job conditions change.
 This sheet should be attached to your Service Sheet and returned to AAS.



ALL PERSONS INVOLVED IN THE WORK SHOULD SIGN BELOW BEFORE COMMENCEMENT AND ONLY IF SATISFIED WITH THE SAFETY MEASURES AND CONTROLS.

Client _____ Location _____ No. _____

Activity _____ Date _____ Job # _____

1. Hazard Identification Tick the appropriate box in response to each question:

Item	Issue	Y	N	N/A	Item	Issue	Y	N	N/A
1	Are you protected from Electrical Hazards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	If working in isolation, is site security advised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Have you attended a site specific induction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	Have you sighted an Asbestos Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Does the work area have safe access?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11	Are you aware of the site evacuation procedure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Have you identified an Emergency Escape route?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	Is a Hot Work Permit required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are you trained to use an Elevated Work Platform?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13	Are there other works in the area that could pose a threat to your Health and/or Safety?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is your ladder the correct type and reach?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	Do you have any other Safety, Health or Environment concerns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is a Hazardous Substance risk assessment done?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
8	Is hazardous manual handling eliminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

2. Risk Category For each shaded box ticked in Step 1 (Above), assess the 'Risk Category' (RC) using the legend below and insert into column 2 at Step 3

Potential Consequences

- 1 No injury, threat to health nor negative environmental impact.
- 2 Medical Treatment Injury or negative impact on Health or the Environment.
- 3 Injury resulting in Death, Long Term Medical Treatment or major Environmental Impact.

3. Corrective Action Insert item number(s) to be addressed into column 1.
 Insert corresponding Risk Category (RC) into column 2.
 Note Corrective Action in column 3.

Proceed with work ONLY if you can answer "Yes" in column 4.

1 Item	2 RC	3 Corrective Action	4 Risk Controlled

4. Agree on Outcome Based on Corrective Action(s), decide if it is safe to proceed with work. All parties must agree.

The undersigned agree that all reasonable steps have been taken to ensure that it is safe to commence work.

Service Technician _____ Client Representative _____

Signed _____ Signed _____

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