

Name: _____ Date: _____

Task Description: _____

I am keeping safe for: _____

THINK THROUGH THE TASK

	Yes	No
Am I fit and ready to do this task?	<input type="checkbox"/>	<input type="checkbox"/>
Am I authorised to complete this task?	<input type="checkbox"/>	<input type="checkbox"/>
Do I fully understand this task?	<input type="checkbox"/>	<input type="checkbox"/>
Have I read / reviewed relevant procedures or a SWP?	<input type="checkbox"/>	<input type="checkbox"/>
Do I have the required training, qualifications and/or licenses for this task?	<input type="checkbox"/>	<input type="checkbox"/>
Do I have the correct tools/PPE for this task?	<input type="checkbox"/>	<input type="checkbox"/>
Have I ensured my task won't cause damage to the environment?	<input type="checkbox"/>	<input type="checkbox"/>

Tick if applicable Can I manage the Hazard with this Take 5?

	Yes	No
<input checked="" type="checkbox"/>		
<input type="checkbox"/> Can I be caught in, on or between anything?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Can I strain or over exert myself?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Can I slip or trip on anything?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Can I damage any equipment?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Can anything fall on or strike me?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Can energy sources be discharged, isolated and locked out?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Am I at risk of falling from height?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Am I using any substances which may be harmful to me?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Could there be any uncontrolled movement?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are there damaging energies that may harm me?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are there any other hazards present?	<input type="checkbox"/>	<input type="checkbox"/>
<i>- List all other hazards on the back of this form</i>		

SAFETY PROMPT QUESTIONS

- Have you identified what can kill you or seriously hurt you on this task?
- Does your task require isolation lock out?
- Have you confirmed that your task will not damage a heritage area/environment?

WHERE HAZARDS ARE MANAGED, WRITE THE CONTROLS ON THE BACK OF THE SHEET

DO NOT PROCEED WITH THE TASK IF YOUR ANSWER WAS NO TO ANY OF THE ABOVE, STOP AND COMPLETE A JHA PRIOR TO COMMENCING THE TASK

Which LSC's apply to the task you're about to complete? ✓



Think about WHAT IF one of my controls fails THEN what will happen, SO what am I going to do to prevent this??

Hazard Identified	Controls to Put In Place	Will controls effectively manage the hazard?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
Hand/Finger Hazard:	1:	Y <input type="checkbox"/>	N <input type="checkbox"/>
	2:	Y <input type="checkbox"/>	N <input type="checkbox"/>

If you ticked NO to managing the hazards listed above, STOP and contact your Supervisor.

“The standard you walk past is the standard you accept.”