

# Take Five Sheet

1. Stop -----> 2. Think -----> 3. Identify -----> 4. Plan -----> 5. Proceed

## 1. Permit Number

Work Order Number .....

Refer to work order for detailed description and location of work to be undertaken

## 2. Don't Miss Out On Life - Take Five

### 1. STOP! Think through the task

	Yes	No
Am I clear on what the task is?	<input type="checkbox"/>	<input type="checkbox"/>
Do I have the required skill, training and licenses for the task? Is there a Safe Work Method Statement available?	<input type="checkbox"/>	<input type="checkbox"/>
Is a work permit and / or an authority to work required?	<input type="checkbox"/>	<input type="checkbox"/>
Is my equipment correct for the task and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
Do I have the correct personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Look for Hazards

	Yes	No
1. Atmospheric Weather extremes, high humidity, dust, dangerous gases, lack of oxygen....	<input type="checkbox"/>	<input type="checkbox"/>
2. Biological Bacteria, viruses, insects, plants, birds, animals....	<input type="checkbox"/>	<input type="checkbox"/>
3. Chemical Acids, bases, solvents, heavy metals, poisons, particulates, fumes, vapours....	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical Electrocutation, faulty wiring or equipment, earthing points, static shocks....	<input type="checkbox"/>	<input type="checkbox"/>
5. Environmental Confined spaces, poor lighting, loud noises, temperatures, poor ventilation....	<input type="checkbox"/>	<input type="checkbox"/>
6. External Traffic, other workers, general public....	<input type="checkbox"/>	<input type="checkbox"/>
7. Fire / Explosions Open flames, combustible materials, electrical arching, chemical reactions	<input type="checkbox"/>	<input type="checkbox"/>
8. Gravitational Falls, slips, trips, falling objects....	<input type="checkbox"/>	<input type="checkbox"/>
9. Manual Handling Lifting, pushing, twisting, awkward positions, changes in levels....	<input type="checkbox"/>	<input type="checkbox"/>
10. Mechanical Impacts, entanglements, stabbing, crushing, suction, abrasions, protrusions....	<input type="checkbox"/>	<input type="checkbox"/>
11. Pressure Air, water oil, gas, vacuums, high/ low pressures....	<input type="checkbox"/>	<input type="checkbox"/>
12. Psycho-social Stress, violence, bullying, sexual harassment....	<input type="checkbox"/>	<input type="checkbox"/>
13. Radiation UV, infra-red, lasers, x-rays, sunlight....	<input type="checkbox"/>	<input type="checkbox"/>
14. Thermal Hot or cold surfaces, hot or cold liquids, steam, friction....	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Assess the Hazards

What is the risk level?      E = Extreme      H = High      M = Moderate      L = Low

REFER TO SWMS      E / H / M       L     

### 4. Make the Hazards Safe

Are all hazards removed or at a low risk level?	<input type="checkbox"/>	<input type="checkbox"/>
Where needed have I updated the SWMS for this task?	<input type="checkbox"/>	<input type="checkbox"/>
Does this all feel right?	<input type="checkbox"/>	<input type="checkbox"/>

### 5. Complete the Task Safely

DO NOT START THE TASK!  
COMPLETE A TASK SPECIFIC RISK ANALYSIS AND SEE YOUR TRADE MANAGER

Service Provider / Contractor / Worker