

Task Specific Risk Analysis

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. Can I; Work Crew Members; Staff; or Public

Service Provider		Yes	No	Controls (if any) to be implemented	RR
	Fall to a lower level	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Be struck by falling objects	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Be caught in; by; on or between anything	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Injure others by your activities	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Be injured by –					
Other activities	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Contact with an energy source (e.g. electricity)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Stored energy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Over-exertion / over strain / manual handling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Slips, Trips and Falls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Spills, Pollution, Dust	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Weather / time of day work to be performed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Uncontrolled movements of traffic or people	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Inhaling, swallowing or contact with chemicals	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Exposure to asbestos	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Exposure to noise	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Exposure to biological hazards / infection control	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Exposure to radiation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Will work interrupt clinical procedures?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	

Hierarchy of Hazard Controls (in order of preference)

- a. **Eliminate:** Complete removal of hazard
- b. **Re-design:** Can the process be modified?
- c. **Substitute:** Less hazardous process, method or substance
- d. **Engineering:** Isolation, barriers, guards or covers
- e. **Administrative:** Procedure, permits, signs etc.
- f. **PPE:** Use Personal Protective Equipment

RISK RATING (RR)		CONSEQUENCES				
		Negligible	Minor	Moderate	Major	Extreme
LIKELIHOOD	Almost Certain	Medium 7	Medium 11	High 16	Very High 23	Very High 25
	Likely	Medium 6	Medium 10	High 16	High 20	Very High 24
	Possible	Low 3	Medium 9	High 15	High 18	High 22
	Unlikely	Low 2	Medium 8	Medium 12	Medium 14	High 21
	Rare	Low 1	Low 4	Low 5	Medium 13	High 19

NOTE: If the Residual Risk (RR) rate cannot be reduced to ‘Low’ a General Work Permit is required.

3. Permits Required (tick or cross)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Asbestos – WAAP | <input type="checkbox"/> Fire / Smoke Wall Penetration | <input type="checkbox"/> Isolation | <input type="checkbox"/> Roof and Catwalk |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> General Work | <input type="checkbox"/> Lock Out / Tag Out (LOTO) | <input type="checkbox"/> Smoke Detection |
| <input type="checkbox"/> Electrical Live Work | <input type="checkbox"/> High Voltage | <input type="checkbox"/> Medical Gas | <input type="checkbox"/> Work at height |
| <input type="checkbox"/> Excavation & Ground Penetration | <input type="checkbox"/> Hot Work | <input type="checkbox"/> Plan Interrupt to Services | <input type="checkbox"/> Other |

4. I have / have not a good working knowledge of the work area.
 I have / have not notified all staff affected by the work.
 I have / have not conducted a site inspection.

Print Name _____ Date & Time _____ Signature _____