

Work Area Safety Plan (WASP)

Works Order Job No:		Start Date:				Location:	
Work Permits Required:	Hot Work	Electricity	Excavation	Confined Space	Other		
Utility Stats. Including:	Electricity	Gas	Water	Other _____			

Tick box to select relevant Work Activities

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 Mark boxes that identify a specific hazard relevant to work activities

X

 Complete cross when adequate controls have been implemented

 <input type="checkbox"/> Working in Joint Boxes, Manholes, Cable Chambers & Confined Spaces	 <input type="checkbox"/> Guarding & Signage	 <input type="checkbox"/> Gas Test	 <input type="checkbox"/> Visual Inspection	 <input type="checkbox"/> Licence / Tickets	 <input type="checkbox"/> Box Keys in Good Order	 <input type="checkbox"/> Multi Person Operation	 <input type="checkbox"/> Good Housekeeping
	 <input type="checkbox"/> Safe Parking	 <input type="checkbox"/> Control Vermin	 <input type="checkbox"/> Good Ventilation	 <input type="checkbox"/> Dual Openings Sealed	 <input type="checkbox"/> Info, Instruction & Training	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Use of Transport & Mechanical Aids	 <input type="checkbox"/> Well Maintained	 <input type="checkbox"/> Suitability For Task	 <input type="checkbox"/> Visual Inspection	 <input type="checkbox"/> Licence or Skill Card	 <input type="checkbox"/> Seatbelt worn	 <input type="checkbox"/> Safe Parking of Vehicle	 <input type="checkbox"/> Outriggers Fully Expended
	 <input type="checkbox"/> Within SWL	 <input type="checkbox"/> Load Secure	 <input type="checkbox"/> Plant Pre-use Checklists	 <input type="checkbox"/> Beware Over-Head wires	 <input type="checkbox"/> Adverse Weather	 <input type="checkbox"/> Safe Fuel Container	 <input type="checkbox"/> Spill Kit
 <input type="checkbox"/> Excavation Work	 <input type="checkbox"/> Detection Cat & Genny	 <input type="checkbox"/> Mechanical Dig	 <input type="checkbox"/> SWL	 <input type="checkbox"/> Guarding & Signage	 <input type="checkbox"/> Hand Dig	 <input type="checkbox"/> Edge Protection	 <input type="checkbox"/> Beware Over-Head wires
	 <input type="checkbox"/> Plant Pre-use Checklists	 <input type="checkbox"/> Adverse Weather	<div style="background-color: red; color: white; padding: 5px; text-align: center;"> NO MORE THAN 100 METERS OPEN </div> <input type="checkbox"/> Other	<div style="background-color: yellow; color: black; padding: 5px; text-align: center;"> Permit to Dig </div> <input type="checkbox"/> Other	 <input type="checkbox"/> Site setup as Red Book		<input type="checkbox"/> Other
 <input type="checkbox"/> Use of Power and Hand Tools	 <input type="checkbox"/> Well Maintained	 <input type="checkbox"/> Suitability For Task	 <input type="checkbox"/> Low Voltage	 <input type="checkbox"/> Check Cables	 <input type="checkbox"/> Adequate Guarding	 <input type="checkbox"/> Cable Trip Protection	 <input type="checkbox"/> Generator Outside

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 <input type="checkbox"/> Reinstating / Hot Work	 Gas Cylinders in Good Condition stored upright and secure	 <input type="checkbox"/> Correct decals on vehicles	 <input type="checkbox"/> Thermometer Available	 <input type="checkbox"/> Guarding & Signage in place	 <input type="checkbox"/> Work area protected from contamination and pedestrians		
 <input type="checkbox"/> Welfare & Public Safety	 <input type="checkbox"/> First Aid Kit	 <input type="checkbox"/> Hand Wipes Available	 <input type="checkbox"/> Restricted Site Access to Public	 <input type="checkbox"/> Courtesy Board Used	 <input type="checkbox"/> Available for Use	 <input type="checkbox"/> Available	<input type="checkbox"/> <u>Decanting label available</u> Other
 <input type="checkbox"/> Personal Protective Equipment	 <input type="checkbox"/> Head Protection	 <input type="checkbox"/> Foot Protection	 <input type="checkbox"/> High visibility Clothing	 <input type="checkbox"/> Hand Protection	 <input type="checkbox"/> Hearing Protection	 <input type="checkbox"/> Respiratory Protection	 <input type="checkbox"/> Safety Glasses

For reversing of any vehicle, please ensure that a Banksman assists.


Driver Name:

Banksman Name:

Non-Complex Traffic Management up to 40 MPH

Note: This Traffic Management Risk Assessment Form is to be completed by Technicians who have passed the one day, Health and Safety at Roadworks course, or the three day, Signing, Lighting and Guarding at Roadworks course. All work activities will follow the guidelines set out in Chapter 8 & the Red Book code of practice.

Is work area in 40+mph area or requires complex traffic management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, refer to TM Team.
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 <input type="checkbox"/> Traffic Management	1. Basic Traffic Management Risk Assessment – Refer to Red Book					
	Speed of roadway (mph)		Width of roadway (metres)		Coned area (length metres)	
	Width of coned area including safety zone (metres)				3 min traffic count (No. of vehicles) Time 1: Time 2:	

2. Before You Start			
	Yes/No		Yes/No
Does site impact on traffic flow and traffic type?		Impact on access points to clinics, schools, emergency services, hospitals?	
Is there a risk from traffic for person installing signage?		Are worksite / signs obscured by bends, hills/dips in the road?	
Is condition of road surface poor or slippery?		Impact on existing permanent traffic signals and signs?	
Impact on disabled persons, pedestrians or cyclists?		Have the Council and Police been informed where traffic lights / Stop / Go boards will be used.	
Will the site be safe in wind, fog, snow or rain?			

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3. Site Monitoring and Maintenance		4. When work is suspended / overnight/ weekend	
	Yes/No		Yes/No
Is selected traffic control coping with type and speed of traffic?		Is it necessary for checks to be made on signing, lighting & guarding during suspension period?	
Are operatives keeping within Works Area?		Has site been reduced in size during suspension?	
Are signs, cones and lamps kept clean?		Has all plant been removed or made safe?	
Are signs visible to traffic?		Have all excavations been covered and site made secure	
Please List Hazards identified (Describe)	Controls Put In Place (Outline)		
WASP prepared by (Print Name):		Signature:	
<p>The hazards & Control measures highlighted in the WASP have been brought to my attention and I have signed below to confirm:</p>			
Name:		Signature:	Time:
Name:		Signature:	Time:
Name:		Signature:	Time:
Name:		Signature:	Time:
Name:		Signature:	Time: