

Risk Assessment Checklist

Job Number		Date Prepared	
Location		Task Leader	
Activity Task		Participants	

Think about the task! Think about the Hazards! Control the Hazards!		Y	N	NA	Comment
1	Is there a Procedure, SWM (Safe Work Method) or SOP for this task?	Y	N	NA	
2	Do I require a permit for this task (Hot Works, Working at heights, Confined Space, Cut In)?	Y	N	NA	
3	Am I trained, competent and fit to do this task?	Y	N	NA	
4	Do I have the Correct PPE for this task?	Y	N	NA	
5	Have I controlled all sources of energy for this task?	Y	N	NA	
6	Have I isolated and tested for zero energy?	Y	N	NA	
7	Do I need to lock out or tag out anything (LOTO)?	Y	N	NA	
8	Have I minimised the risk to personnel or equipment resulting from this task?	Y	N	NA	
9	Will weather conditions effect this task?	Y	N	NA	
10	Have I minimised the impact to the environment and community?	Y	N	NA	
11	Is the work area neat and tidy (Look up, down and all around)?	Y	N	NA	
12	Can I slip, trip or fall on or off anything?	Y	N	NA	
13	Can something fall from above on me or others?	Y	N	NA	
14	Can I be caught on, in or between anything?	Y	N	NA	
15	Have I ensured I cannot strain or over exert myself?	Y	N	NA	
16	Do I need any assistance to do this task?	Y	N	NA	
17	Are there any other hazard(s) associated with this task?	Y	N	NA	

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Notes	Notes

Signature		Signature	
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