

Step 1: JOB DETAILS & JOB DISCUSSION

HAGARTYS COMPLETE ROOFING NSW Pty Ltd GENERAL HAC / (ABN 79 118 166 144)

Client	
Work Location (s)	
Job Description	
STN/ EMG/WO/PO	
Job Contact	Ph:
Site Contact	Ph:
Hagarty's Supervisor	Ph:

PRE-WORK DISCUSSION

If the Pre-Work Discussion highlights any SAFETY ISSUES they must be resolved with your Supervisor before you commence work

	YES	NO		YES	NO
Have plant, equipment and tools been checked? eg. good condition ,tested & tagged.	<input type="checkbox"/>	<input type="checkbox"/>	Are all staff authorised and in date with statutory training?	<input type="checkbox"/>	<input type="checkbox"/>
Are all staff at the site, briefed in their roles and involved in the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	Is there safe access to the site?	<input type="checkbox"/>	<input type="checkbox"/>
Are there inexperienced staff on site?	<input type="checkbox"/>	<input type="checkbox"/>	Can the task be done safely?	<input type="checkbox"/>	<input type="checkbox"/>
Do we need additional staff, plant or equipment to perform the task?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a specific local emergency procedure/phone in place?	<input type="checkbox"/>	<input type="checkbox"/>
Are we working in conjunction with other staff or contractors?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a first aid kit, close by, and are contents in order?	<input type="checkbox"/>	<input type="checkbox"/>
Is a Total Fire Ban in force? If YES, only proceed with "genuinely urgent work"	<input type="checkbox"/>	<input type="checkbox"/>	Is there combustible material nearby or are we at risk to cause a bushfire?	<input type="checkbox"/>	<input type="checkbox"/>

Are all members of the crew, including contractors, fit to perform their tasks free from substance and physical impairment, except those matters covered by an Injury Management Plan or Return To Work Plan?

Personal Protective Equipment

Apart from protective clothing and footwear what additional Personal Protective Equipment will be required on site.

<input type="checkbox"/> Traffic Vest	<input type="checkbox"/> Safety Helmet	<input type="checkbox"/> Protective Gloves
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Safety Harness/Belt
<input type="checkbox"/> Visual inspection carried out on all safety equipment		

Remarks... *If this site visit requires more than inspection only / SEE SWMS*

ALL STAFF ON THE WORKSITE ARE TO PARTICIPATE IN THIS ASSESSMENT

Name	Service No	Signature	Date/Time
Terry Hagarty			
Kurt Olson			
Daniel Nieass			

**Step 2 Identify
The Hazards**



**Step 3 Control the
Risks**

Identify Hazards (Refer to the Safe Work Method Statement)	Details of Controls & Reference Documents (Refer to the Safe Work Method Statement)
<u>HAZARD</u>	Controls
<u>HAZARD</u>	Controls
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<u>HAZARD</u>	Controls

Step 4: IDENTIFY ADDITIONAL TASKS AND CONTROL HAZARDS

Key Points		Notes
Evacuation Area		
Closest Hospital		
Site Hazard/s		
First Aid Location		

Step 5: CONTINUALLY MONITOR

Is it Safe to commence Work?

☐

YES

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NO

WHY?

IF NO, DO NOT CONTINUE AND NOTIFY Terry from - HAGARTYS IMMEDIATELY.

Terry Hagarty - 0415 281 558

Give a brief explanation why the work could not be done /completed?