

WHS FORM 04: SITE-SPECIFIC RISK ASSESSMENT



Task/activity	Time				
Principal contractor		Date Started		Date Finished	
Site address					
Person completing this assessment		Signature			

Site-specific risk assessment		Yes	No	N/A
1	Have all employees completed WHS training (general, site induction and work-specific tasks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have all employees been instructed on safe working practices (eg manual handling)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have all employees read and understood the SWMS and is it accessible on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have the correct type of first aid kit, and is it stocked and accessible for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have all employees been trained in the safe use of power tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Specify the PPE required. <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety boots <input type="checkbox"/> Eye protection <input type="checkbox"/> Hearing protection <input type="checkbox"/> Hi-visibility vest <input type="checkbox"/> Hat <input type="checkbox"/> Sunscreen <input type="checkbox"/> Sun protective clothing			
7	Is the hazardous substance register on site and are all relevant persons trained in using and handling the substances safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have the appropriate fire-fighting equipment on site for flammable substances or hot works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have all employees read the site safety signage before commencing work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment assessment				
10	Has all the electrical equipment been tested and tagged, and is the electrical tagging register on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are all electrical outlets (generator, meter box, etc) protected by an RCD unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Have all tools and equipment been serviced and are they in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Have all plant and tools been inspected and are they fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Have all ladders used on site been inspected and are they fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Is there guarding on all machinery, covering all moving parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site assessment				
16	Is the site security fencing intact (with no gaps or missing fencing panels) and are gates chained and padlocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Is the work area clear of rubbish and debris, and is an area provided for debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Are materials delivered and stored in a safe and responsible manner in your work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Are the public and other workers protected during work activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site-specific risk assessment		Yes	No	N/A
20	Are amenities on site clean and accessible for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Are all fall zones protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Have all safety systems (eg edge protection, scaffolding and guard railing) been inspected and are they safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Has the stairwell and open penetrations protection system been installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Is there a safe path of travel to all work areas and have all trip hazards been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Have all workers been consulted in relation to this site specific risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Is the hazardous substance register on site and are all relevant persons trained in using and handling the substances safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU ELIMINATED ALL POTENTIAL RISKS FROM ANY OTHER HAZARDS IDENTIFIED ON SITE THAT MAY AFFECT YOUR WORK TASK?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answer No to any of the items above – you must complete the risk assessment table below . Refer to the risk management information. Do not commence work unless the hazards have been eliminated or controlled.				
Identify below any hazard (plant or substance or process) that could be a risk to WHS, and list the controls taken.				
Hazard identified		Controls implemented		Responsible party

Assessing the risk

RISK	High	Medium	Low
	Potential death, permanent disability or major structural failure/damage.	Hospitalisation or medical treatment, potential temporary disability or minor structural failure/damage.	Hazard that has the potential to cause persons to require first aid.
ACTION REQUIRED	Cease work immediately. Review task/situation/condition. Additional risk controls and must be documented and implemented. Ensure all parties are aware of risk control.	Implement suitable controls as soon as practical. Task/situation/condition to be reviewed and reinforce control measures where applicable.	Review task and reinforce control measures where applicable.

Hierarchy of controls

Eliminate the risk all together.	Substitute the risk.	Isolate people from the risk.	Engineer out the risk.	Apply administrative controls.	Use personal protective equipment (PPE).
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Best

Worst

Daily Check

Site Specific Risk Assessment is current as per date/time below, if change is identified a new risk assessment must be completed.

Day	Date	Time	Change?	Signature	Day	Date	Time	Change?	Signature
1					6				
2					7				
3					8				
4					9				
5					10				

GOLD - FRAMER - Quality Control Checklist

Job address:		DATE:	
Carpenter:			
Supervisor:			
item		YES	NO
		ENTER X	
1	All walls are installed and completed, plumed and true.		
2	Does the frame sit on the slab correctly - overhang to slab.		
3	Wall heights correspond with section detail on plan		
4	Ensure bottom plate and top plate butt joints are tight.		
5	All wall junctions have been nailed off		
6	Sheet braces installed as per detail with the dynabolts installed where required		
7	Cyclone / Metal braces installed as per details with the dynabolts installed where required		
8	Check all walls have been properly pinned down, including small returns and doorways		
9	Check all door treads have been cut out		
10	Bulkheads are installed and completed, widths and depths checked off the plan		
11	All windows are installed correctly and consistent with the plans and at one consistent drop off		
12	Bath Hob is installed , completed with the correct bath cut out consistent with the plan		
13	Change of direction blocks installed to ALL hip ends		
14	Manholes blocking installed, check the plan if there's any specific positions marked		
15	Structural steel beams are propped and installed as per engineering plans		
16	Steel posts are framed for gyprock install where required		
17	Steel posts are dynabolted / fixed to floor as required		
18	Check any temporary posts or bracing of steel beams is safe and located clear for next trade		
19	Check ALL niches are installed and consistent with the plan		
20	All over wall trimming (565 blocking) installed		
21	All trusses are installed plumb and completed as per the roof layout		
22	Are any High load brackets / truss boot screws to trusses bolted and fixed correctly?		
23	All speed bracing installed as per layout, with proper wrap around or tie down to top plate		
24	All bottom chord stiffeners to trusses installed with bottom chords sighted straight.		
25	Saddle trusses installed with sheer blocking with additional batten in between saddle spacing.		
26	All valley boards installed and completed ready for valley iron installation		
27	Boarding installed to the box gutter ready for valley iron where required		
28	Gable studs to all gable trusses installed		
29	Double triple grips to girder ends with proper triple grip fixing to truncated truss and rafter intersections		
30	Triple grips installed to all trusses as per required to all truss fixing points		
31	L Brackets installed throughout, with all trusses free from internal NON load bearing walls		
32	(FF) Balcony joists installed with appropriate clearances for brickwork to pass from Ground floor		
33	(FF) Joist hangers are installed and nailed		
34	(FF) Stair void protection is installed and in working order		
35	(FF) Particle board flooring is glued/ nailed and screwed		
36	(FF) Is there appropriate fall protection / handrail installed for any external balcony?		
37	(FF) Ensure floor joist check outs are not excessively trenched rendering the joist non- compliant		
38	Is the home swept / clean and ready for the next trade?		
39	All surplus materials have been stacked neatly in the garage		
40	Timber offcuts are all stacked in one pile in an accessible part of the site		
	COMMENTS:		
	40	0	
	PASS RATE	0%	

Checked and signed by;		
Name.	Signed .	Date.