

Date: _____

Name: _____

Task: _____

1	STOP AND THINK – <i>What am I about to do?</i>	Y	N
	- Am I trained and competent?	<input type="checkbox"/>	<input type="checkbox"/>
	- Have I spoken to others that may be affected by my job (if required)?	<input type="checkbox"/>	<input type="checkbox"/>
	- Do I know how I am going to do the job?	<input type="checkbox"/>	<input type="checkbox"/>
2	STOP THE HAZARDS – <i>What can cause harm to people or the environment?</i>		
	- Am I fit for work?	<input type="checkbox"/>	<input type="checkbox"/>
	- Is my equipment safe to use?	<input type="checkbox"/>	<input type="checkbox"/>
	- Is housekeeping acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
	- Is heavy lifting, carrying, or pulling required?	<input type="checkbox"/>	<input type="checkbox"/>
	- Will my actions introduce new hazards?	<input type="checkbox"/>	<input type="checkbox"/>
3	ASSESS THE RISK – <i>What can go wrong?</i>		
	- Could I slip, trip, fall or suffer a strain?	<input type="checkbox"/>	<input type="checkbox"/>
	- Contact with energy (pressure, electricity)?	<input type="checkbox"/>	<input type="checkbox"/>
	- Could I be crushed by mobile plant/vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
4	CONTROL – <i>How do I manage the risk?</i>		
	- Have I got the correct PPE?	<input type="checkbox"/>	<input type="checkbox"/>
	- Is isolation needed (guards, lockout)?	<input type="checkbox"/>	<input type="checkbox"/>
	- Do I have permission to complete the task?	<input type="checkbox"/>	<input type="checkbox"/>
	- Am I following a procedure or JHA?	<input type="checkbox"/>	<input type="checkbox"/>
	- Is there adequate emergency equipment available in case of an accident?	<input type="checkbox"/>	<input type="checkbox"/>
5	PROCEED SAFELY		
	- I have controlled all hazards	<input type="checkbox"/>	<input type="checkbox"/>
	- I can do the job safely	<input type="checkbox"/>	<input type="checkbox"/>