

Site Name		Work to be performed	
Date		Before commencing work, the site representative has received / seen the following	
Job Number		Risk Assessment completed	Area cordoned off
Engineer		All Hazards Identified	Control measures in place

Hazards Observed		Hazards Observed		Hazards Observed		Hazards Observed	
Asbestos		Forklift Trucks		Falls from Height		Loading/unloading vehicles	
Slips, Trips and Falls		Noise		Use of Sharps		Storage / Stacking	
Falling Objects		Vibration (Body / Finger)		Entanglement		Manual Handling	
Access / Egress		Projectiles		Trapping, moving machine parts		Compressed Air	
Hot Metal		Ultra Violet Light		Fire - Combustibles		Pressure Vessels	
Chemicals		Electric Shock / Burns/ Explosion		Fire – Flammables / Vapour		Lone Working	
Welding Fumes		Incorrect install of equipment		Fire – Gases		Weather – ice/snow/wind/heat	
Repetitive Strain		Confined Spaces		Manoeuvring Vehicles		Stress	

Y = Control Measures in Place

N = Control Measures to be Introduced

/ = Control Measures Not Applicable

Control Measures		Control Measures		Control Measures		Other Control Measures	
Training		Fire Precautions		Ventilation / LEV			
Instructions – written		Hot Work Permit		Climate Control			
Instructions – verbal		Fall Protection		Housekeeping			
PPE Risk Assessed		Electrical Safety		Communication Systems			
Safety Signs		Asbestos Survey/Mgt Plan		Washing Facilities			
Machine Guarding		Health Surveillance		Restricted Access			
Plant Maintenance		Lighting					

As the contactor, I confirm that all work carried out was done in a safe and responsible manner.

Signed		Print		Date	
As the client, I confirm that all work has been completed safely				YES	NO
Signed		Print		Date	