**AFEI Member Template: Site Risk Assessment Form**

**THIS DOCUMENT IS ONLY A GUIDE**

AFEI recommends members consider their specific requirements when adopting a template document or policy to ensure the document meets the particular needs of your organisation.

For assistance, please call the AFEI Hotline on 02 9264 2000.

**How to use this document:**

1: Check with the AFEI Hotline as to its suitability for your needs.

2: Edit to meet your requirements by:

* **Add** relevant information in the [yellow highlighted] sections.
* **Delete** comments in the *[blue highlighted]* areas.

***[Place on Organisation Letterhead]***

Site Risk Assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comment** |
| Has the client been notified of the scope of work? |  |  |  |  |
| Has the client given the authority to proceed? |  |  |  |  |
| Are all workers inducted? |  |  |  |  |
| Are all workers wearing the right PPE? |  |  |  |  |
| Is there access to suitable first aid for the work involved? |  |  |  |  |
| Have appropriate warning signs/barricades been put up to stop unauthorised people accessing the work? |  |  |  |  |
| Are Safety Data Sheets available for any hazardous chemicals on site? |  |  |  |  |
| Has the power been isolated (where relevant)? |  |  |  |  |
| Is there a fire extinguisher available? |  |  |  |  |
| Is there a Safe Work Method Statement / Safe Work Procedure available for the work tasks? |  |  |  |  |
| Is the Safe Work Procedure / Statement adequate for the task? (Does the procedure / statement cover all foreseeable requirements of the task? |  |  |  |  |

**If you have answered ‘NO’ to any of the above questions, contact your Manager to obtain approval to commence work. Additional risks/site issues are to be recorded below (if further space is required, a full site risk assessment may be required).**

|  |  |  |
| --- | --- | --- |
| **Risk/Hazard** | **Risk Level (High, Medium, Low)** | **Control** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Declaration by person completing form:**

I acknowledge that I have completed this form accurately, to the best of my ability. I confirm all workers present on site, under my control, have been made aware of this risk assessment checklist.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_