**Project Number:**

**Location:**

**Specialised Geo Site Risk/Hazard**

**Identification Plan**

Prior to commencing work on the project the Manager or Plant Operator will identify specific, anticipated and/or potential risks/hazards that will be encounted while performing the contracted work. This plan is to be used for identifying and referencing the processes and methods for eliminating and/or managing the site specific risks/hazards. The Plan is to be inserted in the Site Folder as an index for the Safe Work Method Statements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Potential Work Safety Risks/Hazards Identified:** | | | | | | | |
|  | Hazard Substances |  | Traffic Control |  | Confined Space |  | Overhead Services |
|  | Fire Hazards |  | Moving Traffic |  | Fall Hazards |  | Underground services |
|  | Moving Plant |  | Public Protection |  | Manual Handling |  | Working at Heights |
|  | Machine Guarding |  | Open Trench |  | Electrical Hazards |  | Excavations |
|  | Access/Egress |  | Fumes & Gas |  | Crushing Hazards |  | Uneven/Soft ground |
|  | Outdoors Climate |  | Outdoor Animals |  | Working with hand tools |  | Fatigue |
|  | ***Refueling equipment*** |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Potential Work Environmental Risks/Hazards Identified:** | | | | | | | |
|  | Dust Pollution |  | Soil Erosion |  | Damage from fire |  |  |
|  | Noise & Vibration |  | Water Contamination |  | Historical site damage |  |  |
|  | Flooding & Overflow |  | Stormwater runoff |  | Public Nuisance |  |  |
|  | Substance Spills |  | Flora Damage |  | Liquid Waste Removal |  |  |
|  | Emissions to Air |  | Natural Habitat |  | Solid Waste Removal |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Protective Equipment (PPE) required or work Risks/Hazards Identified:** | | | | | | | |
|  | Hard Hat |  | Safety Glasses |  | Sun Protection |  | Safety Harness |
|  | Safety Footwear |  | Fire Extinguishers |  | Barriers |  | Boom Lift |
|  | Face Shield |  | Communications |  | Signs |  | Crane |
|  | Hearing Protection |  | Dust Mask |  | Gloves |  | Training |
|  | High Visibility Clothing |  | Overalls |  | Long Sleeves |  | Long Trousers |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Permits/Plans/Written Authority Notice/Procedures/Training Required to accomplish Project:** | | | | | | | |
|  | Site Management Plan |  | Confined Space |  | Plant Licenses |  | Excavation Permit |
|  | Fall Protection Plan |  | Critical Lift Plan |  | Hot Work Electrical |  | RTA Road Trans Permits |
|  | Tree Preserve Permit |  | Council Permits |  | Work in Natural Habitat |  | Historical site Work Permit |
|  | Water Usage Permit |  |  |  |  |  |  |

**Project Number:**

**Location:**

Index of available Safe Work Method Statements (SWMS) required to accomplish the Project:

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| --- | --- | --- | --- | --- |
|  | | SEVERITY OF RISK/HAZARD (Circle) | | |
| CLASS | SEVERITY OF THE EFFECT | ALMOST CERTAIN | POSSIBLE | REMOTE |
| Class 1 | Death or Permanent Disability or devastate the environment | **1** | **1** | **2** |
| Class 2 | Serious injury/lost time or major environmental problem | **1** | **2** | **3** |
| Class 3 | Minor injury/first aid/no lost time or environmental caution required | **2** | **3** | **4** |
| Legend: 1 Do Not Proceed 2 Proceed with extreme caution 3 Proceed with caution 4 Proceed | | | | |
| If the risk is assessed at level 1 or 2 do not proceed without consultation with the Manager. 3 or 4, proceed with caution | | | | |

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| --- |
| **By the filing of this completed risk identification sheet, in the project file, I affirm that site personnel have received or will receive the required training in the application of the Safe Work Method Statements (see above) prior to performing work relevant to this site/project OR new Safe Work Method Statements have been developed as recorded below.** |
| COMMENTS: |
|  |
|  |
|  |

The competent person responsible ON SITE for the identification and implementation of this plan is indicated below. The individual will be available at all times to monitor work being performed on this project.

Competent Person Signature: Date: / /