

Equipment Required

KEY PLANT & TOOLS (ATTACH CERTIFICATION IF APPLICABLE)

KEY MATERIALS

OTHER ESSENTIAL EQUIPMENT

Safety

SPECIFIC IDENTIFIED RESIDUAL HAZARDS (OR REFER TO THE TASK SPECIFIC RISK ASSESSMENT(S))

SPECIFIC STAFF TRAINING

SEQUENCE OF OPERATIONS (INCLUDE SKETCHES IF REQUIRED)

DETAILS OF COORDINATION / INTERACTION REQUIRED WITH PROJECT SUPERVISORS, OTHER CONTRACTORS AND OTHERS



TEMPORARY WORKS NEEDED TO FACILITATE THE PERMANENT WORKS (IF NONE, STATE NONE)

FALL PROTECTION MEASURES (WHERE WORK AT A HEIGHT CANNOT BE ELIMINATED - CONSIDER BOTH PERSONNEL & MATERIALS)

SWL'S (DETAIL ANY LIMITS ON THE LOADING APPLICABLE TO TEMPORARY PLANT/EQUIPMENT OR FIXED ELEMENTS OF THE STRUCTURE WHERE THE WORK IS TAKING PLACE)

DETAILS OF PERMITS TO WORK (IF APPLICABLE)

REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)



SAFETY BOOTS

YES NO



HARD HATS

YES NO



SAFETY GLOVES

YES NO



HEARING PROTECTION

YES NO



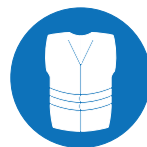
EYE PROTECTION

YES NO



RESPIRATORY PROTECTION

YES NO



HI-VIZ

YES NO

OTHER PPE (PLEASE STATE)

SERVICES TO BE SUPPLIED BY OTHERS

UTILITY / POWER SHUT DOWN REQUIRED?

YES (IF YES, GIVE DETAIL)










NO

OTHER INFORMATION & COMMENTS

Hazardous Substances

ATTACH CHEMICAL RISK ASSESSMENT/MSDS IF REQUIRED

LIST HAZARDOUS SUBSTANCES & IDENTIFY RISKS BELOW

								
EXPLOSIVES	FLAMMABLE LIQUIDS	OXIDISING LIQUIDS	COMPRESSED GASES	CORROSIVE	ACUTE TOXICITY	SKIN IRRITATION	ASPIRATION HAZARD	HAZARDOUS TO THE AQUATIC ENVIRONMENT
YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>

STORAGE ARRANGEMENTS

Emergency Procedures

FIRST AID FACILITIES:

NAME OF ON-SITE FIRST AIDER	PHONE
-----------------------------	-------

FIRST AID BOX LOCATION

LOCATION OF NEAREST HOSPITAL

WELFARE REQUIREMENTS

