

This form is to be used in conjunction with the Science Contractor Management Checklist

BUILDING:	ROOM:
DATE:	TIME :
CONTRACTOR:	
UOM SUPERVISOR:	
DESCRIPTION OF WORK:	

Which of the following are required for the works:

Confined Space Permit	Yes	No	Isolation of Fire Detection Permit	Yes	No
Hot Works Permit	Yes	No	Isolation of Services Permit	Yes	No
Manual Handling Assessment	Yes	No	Working at Height Assessment	Yes	No

Step 1. Name of person(s) undertaking the job:

Step 2. Hazard Identification, Risk Assessment and Controls

Hazard associated with the task. (e.g. dust, noise, electrical, trip hazards, chemicals etc)	Risk Rating	Control measures (Implement in accordance with hierarchy of controls below)	Controls will be implemented
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

RISK MATRIX

CONSEQUENCE

LIKELIHOOD	Insignificant	Minor	Moderate	Major	Catastrophic
<i>Almost certain</i>	Medium	High	High	Extreme	Extreme
<i>Likely</i>	Medium	Medium	High	Extreme	Extreme
<i>Possible</i>	Low	Medium	Medium	High	Extreme
<i>Unlikely</i>	Low	Low	Medium	High	High
<i>Rare</i>	Low	Low	Low	Medium	High

<i>Hierarchy of Controls</i>
1. Elimination
2. Substitution
3. Engineering/Isolation/Guarding
4. Administrative/Training/Inspect.
5. PPE

<i>Description of Likelihood</i>		<i>Description of Consequence</i>	
<i>Almost certain</i>	greater than 90% chance of occurring	<i>Insignificant</i>	First aid treatment, minor injury, no time off work
<i>Likely</i>	51 to 90% chance of occurring	<i>Minor</i>	Medical treatment once, minor injury, no time off
<i>Possible</i>	21 to 50% chance of occurring	<i>Moderate</i>	Medical treatments, non-permanent injury, <10 days off
<i>Unlikely</i>	1 to 20% chance of occurring	<i>Major</i>	Extensive injuries requiring treatment, >10 days off
<i>Rare</i>	less than 1% chance of occurring	<i>Severe</i>	Severe injury, possible fatality, >250 days off

Step 3. I confirm the risk assessment referenced in Step 2 has been read and control measures shall be implemented when undertaking the assigned work.

Signed:	Date:
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