

SWMS RISK REVIEW - SITE SPECIFIC

Site Location :	Your Name:	Date:/...../20	Time: :..... am/pm
Client WO#:	ACS PO#:	SWMS#:	

STEP 1: IDENTIFY HAZARDS

Task - Workplace Hazards	Task – Loss Prevention Self-Assessment	Task – Site Training Card Requirements
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(Tick <input checked="" type="checkbox"/> hazards you may be exposed to when doing the job NOT included in the ACS generic SWMS Manual)	Take 5 – Assess/ Analyse/ Act to validate risks before you start the work and/or if you change the task	(Tick <input checked="" type="checkbox"/> industry training that you are certified to do the job safely). If you are not certified to perform the task discontinue and leave site
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Asbestos
Chemicals
Confined/ or congested spaces
Dust
Electrical
Environmental
Excavation
Fire & Hot Works
Gases & Fumes
Heat & Humidity
Machinery/ Equipment (EWP)
Manual Handling (e.g. lifting, carrying, pushing)
Noise/ Vibration
Other people in/near work area
Sharp edges
Slippery/ Wet surfaces
Stored Pressure
Tools & Equipment
Traffic
Vehicles (incl. fuel delivery tanker)
Weather e.g. Wind/ Rain
Working at Heights

LPSA LOSS PREVENTION SELF-ASSESSMENT

Assess the risk!
 What could go wrong?
 What is the worst thing that could happen if something does go wrong?

Analyze how to reduce the risk!
 Do I have all the necessary training and knowledge to do this job safely? Do I have all the proper tools and Personal Protective Equipment?

Act to ensure safe operations!
 Take necessary action to ensure the job is done safely!
 Follow written procedures! Ask for assistance, if needed!

Do not proceed unless everything is safe!
 For Everyone • Every Day • All the Time

Caught/Crushed

- Exposure
 - Temperature Extreme
 - Radiation
 - Noise
 - Chemical Burn
 - Hazardous Atmosphere
 - Animal, Insect, Plant
- Caught/Crushed
 - In
 - Under
 - Between
 - By
- Ergonomics
 - Lifting/Carrying
 - Pushing/Pulling
 - Bending/Twisting/Squatting
 - Over-Reaching
 - Repetitive/Static Task
 - Contact Stress/Vibration

What could go wrong? What is the worst thing that could happen?

- Contact
 - Struck Against
 - Struck By
 - Harmful Contact with Sharp Edges
- Fall
 - Slip/Trip
 - Fall on Same Level
 - Fall from Height
- Energy Source
 - Electricity
 - Pressure
 - Compression/Tension
 - Rotating Equipment

Site Inducted
Mobil ProSafe Passport
BGIS Induction Card
Harness Training
Elevated Work Platform e.g. scissor lift
Working at Heights
Refrigerant Handling
Electrical Practicing License
Electrical Service Technician (EST)
Site Safe



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 (Identify & write in here the closest Medical Centre)

Having reviewed the generic SWMS document for this task, there may be site specific hazards identified that exposes you to risk(s) and require control measures before you start work, complete Steps 2 to 5.

STEP 2: JOB STEPS & HAZARDS		STEP 3: See Below	STEP 4: RISK CONTROLS	STEP 3: See Below
Circle those SWMS Step(s) that New Hazard Relates to	Workplace Hazards Identified (List the new hazards from Step:1)	IR	Risk Control Measures (List control measures to Eliminate or Minimise the identified risk)	RR
1 2 3 4 5 6 5 6 7 8 9 10				
1 2 3 4 5 6 5 6 7 8 9 10				
1 2 3 4 5 6 5 6 7 8 9 10				
1 2 3 4 5 6 5 6 7 8 9 10				
1 2 3 4 5 6 5 6 7 8 9 10				

STEP 3: ASSESS THE RISKS OF THE HAZARD

Use the Risk Matrix to calculate the risk score (Likelihood x Potential Consequences) for the identified hazards from Step: 2. List both Before (IR) and After (RR) risk levels.

RISK MATRIX	Consequence						Risk Response	
		Minor (FAI)	Moderate (MTI)	Serious (LTI)	Very Serious (Hospital)	Disaster Multiple Fatalities		
Likelihood	Almost Certain	High 3	High 3	Extreme 4	Extreme 4	Extreme 4	Low 1	Proceed with the job using SWMS and wearing prescribed PPE - worst scenario First Aid
	Likely	Moderate 2	High 3	High 3	Extreme 4	Extreme 4	Moderate 2	Immediate action required – worst scenario Doctor Visit
	Possible	Low 1	Moderate 2	High 3	High 3	Extreme 4	High 3	Method of risk management to be specified – worst scenario Hospital Admittance
	Remotely Possible	Low 1	Low 1	Moderate 2	Moderate 2	High 3	Extreme 4	Work not to proceed, contact your Manager or ACS for action required – worst scenario DEATH
	Practically Impossible	Low 1	Low 1	Low 1	Moderate 2	Moderate 2		

STEP 5: MONITOR & RISK REVIEW SIGN-OFF

Site Specific Risk Review Sign-off

(All workers / visitors involved in the task / activity must sign to indicate they have contributed to, and understand, the SWMS and agree to follow the risk control requirements as outlined)

Worker/ Visitor Name	Signature	Toolbox Talk Attended	Circle the SWMS Job Steps you are personally responsible for to do the job safely
		Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11
		Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11
		Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11