|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** |  | | | | | | **Project Dates & Duration:** | |  | | | | | | |
| **Location:** |  | | | **Date of Risk Assessment:** | | | | |  | | **Completed by:** | |  | | |
| **Identify Risks / Hazards** | **Assess the Risks and Potential Harm** | **Significant Risk?** | | **Eliminate** | **Isolate** | **Minimise** | | **Risk Controls**  (including existing) | **Training or Information Required?** | **Regular checks of risk / hazard**  **controls in place** | | | | |
| **Yes** | **No** | **Date Checked** | **Date Checked** | **Date Checked** | | **Date Checked** |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  |  | |  |

**Personnel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Date Site Induction Completed** | **Training Required** | **Signed by employee, contractor or volunteer** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note:** Retain a completed copy of this document with Health & Safety records for reviewing and audit purposes