

SAFETY REVIEW PRE-WORK FORM (Template)

Location/Area/Facility	
Activity(s) to be specifically reviewed (if applicable)	
Supervisor for area (Print name)	

Hazards Indicate below all of the hazards of this area/facility/activity and answer the questions where relevant					
Type of Hazards	Are these hazards present? Y / N	Is a risk assessment required? Y / N	Is there a current risk assessment? Y / N	Are the hazards being managed in accordance with the HSW Handbook? Y / N / ? (not sure)	Do you need advice on the management of this hazard? Y / N
Animal Handling					
Biological					
Confined space entry					
Hazardous chemical (see definitions)					
Hazardous Manual Tasks (see definitions)					
Hazardous Plant/ Equipment (see definitions)					
Hot work					
Noise/Sound					
Radiation					
Work at Height					
Other					

Information, instruction and training			
Is appropriate information provided to the workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I need advice
Are any proficiencies required related to work undertaken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I need advice
Is any training required related to work undertaken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I need advice

Signed by Supervisor	Date:
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Return the completed form to [_____] i.e. person who will be conducting the safety review

on or before / / .