



ON-SITE RISK ASSESSMENT FORM

Activity Name			
Activity Location			
Activity Date			
Tasks being undertaken (<i>list in sequence they are carried out – including travelling to site</i>)			
Hazards or risks that differ from Health and Safety Plan:			
<u>Task:</u>	<u>Hazards</u>	<u>Risk Level</u> H/M/L	<u>Control Measures</u>
Team briefing coverage:	<input type="checkbox"/> All participants competent for tasks <input type="checkbox"/> Correct Personal Protective Equipment being used <input type="checkbox"/> Communications/emergency procedures in place <input type="checkbox"/> Opportunity given for participants to express any concerns		
Team leader for day: Name: _____	<input type="checkbox"/> Team briefing delivered; <input type="checkbox"/> Clear expectations set for team members about the work and how it should be done; <input type="checkbox"/> Team members are in agreement with health and safety plan.		
Confirm team briefing delivered	Signature: _____		

Team members present at health and safety briefing:	
Name	