

Occupational Safety & Health
Work Site and Work Activity Risk Assessment Report

Operator in Charge: _____ Signed: _____ Cell# _____

Date: _____ Address / GPS Coord. _____

Contract Details: _____ Weather _____

Utility & Contact Number _____ Line kV _____ MAD _____ Pole or Structure # _____

Emergency Action Plan

Nearest Hospital; _____

Muster Point _____ Phone: Fire /Ambulance _____

First Aid and Worker Injury plan S.P.O.C. 1 and 2: _____

Caller and Driver: _____

Fire plan; _____ Incident Commander _____

A. Work Site Risk Assessment

Rate the areas to the right according to the severity of the conditions below. (least) 0 1 2 3 (most severe)	Site Terrain Exposure	Human Occupancy Frequency	Technical or High Angle Work	Tree Structure Defects
R1 - Risks to public / bystanders				
R2 - Risks to workers				
R3 - Risks to property or amenity				
Total Rating for each column				

A: Work Site RISK ASSESSMENT Total of four columns = _____

B. Work Activity Risk Assessment (select one most appropriate work activity section)

Assessment Inspection driving 1-15	Ground work cutting, chipping slashing and equipment 3- 15	High Angle Work Lifts, ladders, ropes, hand tools and equipment 5 - 15	High Angle work rigging, power tools, equipment and large falling debris 7- 15	High Angle Work, rigging, power tools, equipment, large falling debris, power tools and exposure powerlines, gas etc. 10 -15
Risk Rating # _____	Special Risk Concerns 1 2 3 4			= _____

B: Work Activity Risk Assessment COURSE RISK RATING: B = _____

Work Site and Work Activity Risk Assessment

A + B = _____	46 - 55	Work cannot be conducted safely.
	31 - 45	Implement risk abatement tools & techniques.
	21 - 30	Caution required in specifically identified areas.
	20 or lower	Proceed with usual caution and technique.

