HAZARD REGISTER FORM

HAZARD	SIGNIFICANT?		PRACTICABLE TO ELIMINATE?		PRACTICABLE TO ISOLATE?		ALL PRACTICABLE STEPS TO MINIMISE?		CONTROLS REQ'D INCLUDING EXISTING	RESPONSIBILITY	DATE	COMPLETED BY (DATE/INITIALS)
	YES	NO	YES	NO	YES	NO	YES	NO				
Manual Handling									2 person lifts	all staff		
Fall, Trips, Slips									tidy workplace	all staff		
Lighting									sufficient	all staff		
Noise									PPE	all staff		
Fire									Fire Extinguisher	Site Manager		
PPE									Footwear, Muffs, Goggles	all staff		
Handtools and Plant									correct procedures	all staff		
Electricity									qualified electrician only	contractor		
Working at Height									correct procedures	all staff		
scaffolding									qualified scaffolder only	contractor		
ladders									correct procedures	all staff		
harnesses									correct procedures	all staff		
falling materials									PPE	all staff		
Mobile Plant									licensed operators only	contractor		
Vehicles									licensed operators only, safe loading practises	all staff		
Craneage									correct procedures	contractor		
Confined Space									correct procedures	Site Manager		
Power Actuated Tools									licensed operators only	Site Manager		
Gas Cutting and Welding									correct procedures	Site Manager		
Contractors									site management	Site Manager		
Health and Wellness									PPE staff training	Site Manager		
Public Protection									barriers and signage	Site Manager		