



Heritage Preservation x
Field Support Solutions

HPFS Solutions Hazard Risk Assessments

Job Location: _____

Job Start Date: _____ **Customer:** _____

Type of Activity: _____

Job Description: _____

Environmental Hazards Present

<input type="checkbox"/> Power Lines*	
<input type="checkbox"/> Underground power cables*	
<input type="checkbox"/> Water lines*	Mitigations
<input type="checkbox"/> Septic tanks*	<input type="checkbox"/> Locate and mark hazards
<input type="checkbox"/> Wells*	<input type="checkbox"/> Situational awareness
<input type="checkbox"/> Holes	<input type="checkbox"/> Establish 'no-go' zone
<input type="checkbox"/> Steep ground	<input type="checkbox"/> Safety footwear
<input type="checkbox"/> Bluffs	<input type="checkbox"/> Training in equipment operation
<input type="checkbox"/> Rivers	<input type="checkbox"/> Removal of hazard
<input type="checkbox"/> Farm tracks	<input type="checkbox"/> Communication protocols
<input type="checkbox"/> Swamps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Trees	_____
<input type="checkbox"/> Animals and stock	_____

* See map below.

Notes:

Personal Hazards Present

<input type="checkbox"/> Eyes	Mitigations
<input type="checkbox"/> Head	<input type="checkbox"/> Gloves
<input type="checkbox"/> Hearing	<input type="checkbox"/> Eye protection
<input type="checkbox"/> Cuts and abrasions	<input type="checkbox"/> Hearing protection
<input type="checkbox"/> Splinters	<input type="checkbox"/> First aid kit
<input type="checkbox"/> Crush injuries	<input type="checkbox"/> First aid training
<input type="checkbox"/> Pinches	<input type="checkbox"/> Fire extinguisher
<input type="checkbox"/> Bruising	<input type="checkbox"/> Protective clothing
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Helmet
<input type="checkbox"/> Vibration	<input type="checkbox"/> Safety belt
<input type="checkbox"/> Repetitive strain injury	<input type="checkbox"/> Situational awareness
<input type="checkbox"/> Impalement	<input type="checkbox"/> Equipment safety inspection
<input type="checkbox"/> Slips, trips, falls	<input type="checkbox"/> Rest and breaks
<input type="checkbox"/> Burn	<input type="checkbox"/> Mark hazards
<input type="checkbox"/> Fume inhalation	<input type="checkbox"/> Safety footwear
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Communication protocols
<input type="checkbox"/> Overheating	<input type="checkbox"/> H&S protocols
<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lifting, strain	_____
<input type="checkbox"/> Infectious diseases	

Notes:

Chemical and Fuel Hazards

<input type="checkbox"/> Diesel fuel	Mitigations
<input type="checkbox"/> Petrol	<input type="checkbox"/> Gloves
<input type="checkbox"/> Oils (chain bar, engine; hydraulic)	<input type="checkbox"/> Spill kit
<input type="checkbox"/> Aerosol	<input type="checkbox"/> Fire extinguisher
<input type="checkbox"/> Paint	<input type="checkbox"/> Protective clothing
<input type="checkbox"/> Break cleaner	<input type="checkbox"/> Well ventilated area
<input type="checkbox"/> Loctite	<input type="checkbox"/> No ignition sources
<input type="checkbox"/> Grease	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Engine degreaser	_____

Notes:

Machinery Hazards

<input type="checkbox"/> Chainsaw	Mitigations
<input type="checkbox"/> Tractor	<input type="checkbox"/> Helmet
<input type="checkbox"/> Post rammer	<input type="checkbox"/> Eye protection
<input type="checkbox"/> Quad bike	<input type="checkbox"/> Hearing protection
<input type="checkbox"/> Ute	<input type="checkbox"/> Gloves
<input type="checkbox"/> Posthole borer	<input type="checkbox"/> Chainsaw chaps
<input type="checkbox"/> Pile driver	<input type="checkbox"/> Safety boots (rated)
<input type="checkbox"/> Augers	<input type="checkbox"/> Rain coat
<input type="checkbox"/> Hand tools	<input type="checkbox"/> Insulating clothes
<input type="checkbox"/> Wire	<input type="checkbox"/> Reflective vest
<input type="checkbox"/> Battery powered tools	<input type="checkbox"/> Seat belts
<input type="checkbox"/> Trencher	<input type="checkbox"/> Gaiters
	<input type="checkbox"/> No loose clothing
	<input type="checkbox"/> Training
	<input type="checkbox"/> Equipment safety inspection completed
	<input type="checkbox"/> Other: _____

Notes:

Maps/Sketches:

Job Location: _____ **Customer:** _____

Job Updates

Date	Hazard Assessment	Weather	Staff Initials

