

#### **BEFORE YOU START THE JOB**

## SLAM

#### STOP

Think about the work before you start

## Look

Check your tools, equipment and workplace and identify the hazards

# ASSESS

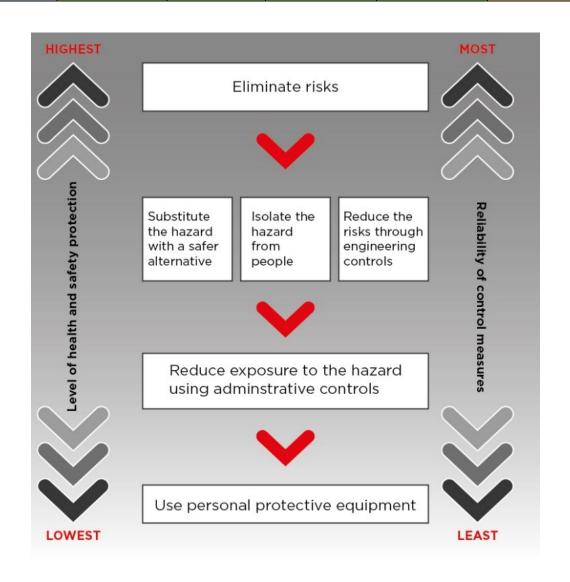
Assess the impact the hazards could have on you, others, plant & equipment and the environment

## MANAGE

Control exposure to the hazards

Consequence

|            |                               | Insignificant (Incident including first aid; workplace hazard contained immediately and no ongoing safety risk) | Minor (Incident including medical treatment injuries, near miss; penalty/fine) | Moderate<br>(Lost time injury;<br>penalty/fine<br>between \$50-<br>200k) | Major (Permanent disability; prosecution and penalty/fine between >\$200- 500k) | Catastrophic (Fatality; prosecution and penalty/fine >\$500k) |  |  |  |
|------------|-------------------------------|---|--|--|---|---|--|--|--|
| Likelihood | Almost<br>Certain<br>(<3mths) | Medium  | High   | High   | High  | High  |  |  |  |
|            | Likely<br>(3-12mths)          | Medium  | Medium   | High   | High  | High  |  |  |  |
|            | Possible<br>(1-5 yrs)         | Low   | Medium   | Medium   | High  | High  |  |  |  |
|            | Unlikely<br>(5-10 yrs)        | Low   | Low  | Medium   | Medium  | Medium  |  |  |  |
|            | Rare<br>(>10 yrs)             | Low   | Low  | Low  | Low   | Medium  |  |  |  |



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| Name of Person Completing Assessment:   |       |   |  |  |  |  |  |  |  |
|---|-------|---|--|--|--|--|--|--|--|
| Signature:  | Date: |   |  |  |  |  |  |  |  |
| Team:   |       |   |  |  |  |  |  |  |  |
| Location(s) of Work (Campus / Building / Level / Room):   |       |   |  |  |  |  |  |  |  |
| Task:   |       |   |  |  |  |  |  |  |  |
| Step 1: Identify the High-Risk Work Activitie   |       | a congrete SIA/MS)  |  |  |  |  |  |  |  |
| (if you tick any of the boxes below you must  ☐ Risk of fall > 2m   | nave  | ☐ On or near chemical, fuel or refrigerant lines  |  |  |  |  |  |  |  |
| ☐ Demolition of a load bearing structure  |       | ☐ On or near energised electrical installation  |  |  |  |  |  |  |  |
| ☐ Disturbance of Asbestos   |       | ☐ Contaminated or flammable atmosphere  |  |  |  |  |  |  |  |
| ☐ Using temporary support to prevent collapse   | د     | ☐ On, in or adjacent to traffic corridor  |  |  |  |  |  |  |  |
| ☐ Confined space  |       | ☐ Movement by powered mobile plant  |  |  |  |  |  |  |  |
| ☐ In / near shaft, tunnel or trench > 1.5m  |       | ☐ Artificial extremes of temperature  |  |  |  |  |  |  |  |
| ☐ On or near pressurised gas mains or piping  |       | $\square$ In or near liquid where there is a risk of drowning                             |  |  |  |  |  |  |  |
| Step 2: Stop and Think  |       |   |  |  |  |  |  |  |  |
| (if you answer 'NO' to any of the questions below DO NOT start work, notify your JCU Rep / Manager)  Y/N or N/A  Y/N or N/A |       |   |  |  |  |  |  |  |  |
| Do I understand what I need to do?  |       | Is supervision (if required) available?   |  |  |  |  |  |  |  |
| Do I have all the permits I require?  |       | Will others nearby be safe during my work?  |  |  |  |  |  |  |  |
| Are the right people / tools / equipment / PPE available?   |       | Do I understand what to do in an emergency?   |  |  |  |  |  |  |  |
| Is there a SWP / guideline / SWMS / risk assessment?  |       | Have I done everything possible to minimise the risk?                                     |  |  |  |  |  |  |  |
| Can I conduct the work in accordance with the SWP / guideline / SWMS / risk assessment?                                     |       | Am I fit to do the work (i.e. free from fatigue, alcohol / drugs, medical illness, etc.)? |  |  |  |  |  |  |  |
| Have I communicated with other workers any hazards that may affect me or them?  |       | Is it safe to complete this task in the current weather / environmental conditions?       |  |  |  |  |  |  |  |
| Am I trained / qualified and competent to do  |       | Are all hazards controlled?   |  |  |  |  |  |  |  |

#### PLEASE TURN OVER FOR CONTROLS

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this work?

| Step 3: Hazards and controls   |  |  |   |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|
| Manual tasks<br>(lifting, awkward<br>or over exertion)   | <ul><li>☐ Mechanical devices (trolley, forklift)</li><li>☐ 2 person lift</li></ul>   | Biological<br>(infectious<br>diseases,<br>zoonosis)  | <ul> <li>□ Decontamination certificate received (sighted)</li> <li>□ Laboratory induction / escort</li> <li>□ Immunisations</li> <li>□ PPE (gloves, masks, eye protection, please list)</li> </ul>  |  |  |  |  |  |  |
| Gravity (slips,<br>trips, fall, struck<br>by falling objects)  | □ SWMS > 2m risk of fall □ Permit – Working at heights □ Permit - Excavations □ Barricading □ Fall prevention □ Fall restraint □ Spotter □ Lanyards □ Bench / batter / shore □ Ladder safe work procedure □ Structural supports in place | Machinery and equipment (caught in, on or between anything, struck by plant, flying objects) | □ SWMS (powered mobile plant / working on roads) □ Permit – Traffic corridor □ Permit - Fire Pro Sys Isolation □ Permit – Energy Isolation □ Guarding □ Barricading □ Signage □ Lock out / tag out □ Interlocks □ PPE □ Traffic management        |  |  |  |  |  |  |
| Radiation (x-ray,<br>UV)   | ☐ Radiation specific induction / escort by JCU staff member ☐ Isolation ☐ PPE  | Heat / cold  | □ SWMS (artificial extreme temperatures) □ Check safety devices (e.g. alarms, locks, etc.) □ Communication equipment □ PPE  |  |  |  |  |  |  |
| Electricity (faulty<br>tools, live power)  | ☐ SWMS (energized) ☐ Permit — LV Isolation / HV Exclusion Zone ☐ Inspection ☐ Lock out / tag out ☐ Test / tag ☐ RCD  | Chemical   | <ul> <li>☐ SWMS (chemical, fuel, refrigerant lines / disturb asbestos)</li> <li>☐ Permit – Asbestos</li> <li>☐ SDS available</li> <li>☐ Ventilation</li> <li>☐ Using chemical in accordance with manufacturer direction</li> <li>☐ PPE</li> </ul> |  |  |  |  |  |  |
| High pressure<br>(gas, air or liquid)  | <b>5</b> .   |  | ☐ Communication person ☐ Emergency response   |  |  |  |  |  |  |
| Noise  | Noise ☐ Isolate the area ☐ Hearing protection  |  | ☐ Permit – Hot works  |  |  |  |  |  |  |
| ADDITIONAL CONTROLS  |  |  |   |  |  |  |  |  |  |
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| Step 4: Risk level after controls have been implemented (if risk level is High or Medium DO NOT start work, notify your JCU Representative / Line Manager)   |  |  |   |  |  |  |  |  |  |
| ☐ High ☐ Medium ☐ Low  |  |  |   |  |  |  |  |  |  |

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