

# Hazard Prompt Sheet

Complete prior to commencing work



Transport  
Roads & Traffic  
Authority



Work Order No: \_\_\_\_\_

Location: \_\_\_\_\_

Contractor  
Company: \_\_\_\_\_

Contractor  
Name: \_\_\_\_\_

Permits are required for: Confined Space Entry ☐ Hot Work ☐ Working at Heights ☐ Isolation of Services ☐ Other please specify ☐ \_\_\_\_\_

Ensure the appropriate permit/s have been filled out correctly with the required authorisation prior to commencement of works.

## Identified Hazards Must Be Actioned Prior To Commencement of Work

Hazard / Check	Y	N	N/A	Hazard Identified	Hazard Control Details
Employee, Public and Visitors have been kept away and work area has been barricaded.					
Do proposed works impact on safe design/ layout of the area				If Yes please make IMMEDIATE contact with the Facilities Manager via the Property Helpdesk.	
Work area clear to access					
Aisles / walkways are clear					
Water present					
Hot surfaces					
Chemicals to be used - MSDS supplied? Please specify					
Loose uneven surfaces / sharp edges					
Dusty conditions / loose airborne materials					
Trip / fall / slip hazards *					
Additional PPE required					
Manual handling hazards present *					
Can tools, equipment, materials fall or harm *					
Warning signs required					
Vehicles / mobile plant in area *					
Risk of exposure to loud noise, asbestos, carcinogenic materials etc				If Yes, please make IMMEDIATE contact with the Risk & Compliance Manager via the Property Helpdesk.	
Ladder suitable for use					
Circuits isolated where applicable					
Tools & equipment operable / good condition. (All portable electrical equipment must be tested and fitted with an appropriate tag indicating when last tested and next test					

\* = A SWMS or JSA is to be sighted by the Client Representative

* Has the SWMS/JSA for this task been reviewed?				SWMS/JSA Number: _____
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## WORK COMMENCEMENT (to be signed by Client Rep prior to commencement of works)

I have sighted a completed Hazard Prompt Sheet for this job and confirm that if required, a JSA, Safe Work Method Statement or Permit to Work has also been sighted prior to authorising the work commencement.

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Completed: \_\_\_\_\_ Client Rep Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

## WORK COMPLETION (to be signed by Client Rep following completion of works)

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Completed: \_\_\_\_\_ Client Rep Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_