

Hazard Prompt Sheet

FM-003-CL-AU



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.					
Have you reviewed the onsite Hazard Register (for asbestos etc.)					
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 due)					

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

* Has the SWMS/JSA for this task been reviewed? ☐ ☐ ☐ SWMS/JSA Number: _____

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 Commenced: ____/____/____ Time Commenced: _____ 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: _____

Rev: 9.0

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