

## OHS requirements – site hazard checklist

<b>Project</b>		<b>Address</b>	
<b>Site contact</b>		<b>Contact number</b>	

<b>Notes for conducting site visit</b>  Required PPE: _____ _____ _____  When working alone: _____ _____ _____  First aid available if needed?  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Site plan (show location of hazards)</b>          <b>Nearest medical centre</b> Name: _____ Address: _____ _____ Phone number: _____
--	---

Hazard type	Yes	No	Example of the hazard	Risk/outcome (eg injury or harm)
<b>Physical</b>				
Fall from heights				
• unfenced retaining walls				
• unfenced embankments				
• during a renovation assessment				
Noise				
Heat				
Cold				
Other				
<b>Electricity/gas/water/sewer</b>				
• overhead services				
• underground services				
Other				

Hazard type	Yes	No	Example of the hazard	Risk/outcome (eg injury or harm)
<b>Chemical and harmful substances</b>				
• asbestos				
• chemicals				
• pesticides				
• contaminated soils				
• dust				
Other				
<b>Existing structures (condition of)</b>				
• fences				
• retaining walls				
• existing buildings				
• site access				
• weaken tree limbs				
Other				

Hazard type	Yes	No	Example of the hazard	Risk/outcome (eg injury or harm)
<b>Slips, trips and falls</b>				
• holes				
• pits				
• trenches				
• dumped building/domestic waste				
• overgrown vegetation				
• water hazards				
• uneven ground				
• soft, slippery or unstable ground				
• sharp objects				
Other				

Hazard type	Yes	No	Example of the hazard	Risk/outcome (eg injury or harm)
<b>Biological</b>				
• snake bite				
• insect bite				
• animal attack				
Other				
<b>Manual handling</b>				
• moving tools/equipment around site				
• digging holes				
• hammering in pegs				
Other				
<b>Traffic</b>				
• site traffic				
• road traffic				
Other				

Hazard type (other)	Yes	No	Example of the hazard	Risk/outcome (eg injury or harm)