



Risk Prediction	Contractor/Employee Name (block capitals)	
	Company / Department	
	Date & time	
	Site Entry Permit # (contractors)	

WHY am I using the tool?

<input type="checkbox"/> No JHA or Risk Assessment	<input type="checkbox"/> No SOP for Activity	<input type="checkbox"/> High-Hazard Task	<input type="checkbox"/> New or Non-Routine Task	<input type="checkbox"/> Contracted Activity
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WHAT WORK am I going to do?

MAIN JOB TASKS

Where am I going to work?	1	
	2	
What am I going to do?	3	
	4	


What RISKS could I face..?	Yes	N/A	What RISKS could I face..?	Yes	N/A
Slip or trip?	<input type="checkbox"/>	<input type="checkbox"/>	Sharp edges or low clearances?	<input type="checkbox"/>	<input type="checkbox"/>
Splashes, flying debris?	<input type="checkbox"/>	<input type="checkbox"/>	Sudden release of hand tools?	<input type="checkbox"/>	<input type="checkbox"/>
Hot surfaces or materials?	<input type="checkbox"/>	<input type="checkbox"/>	Electricity or buried services?	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling?	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle or PIT movements?	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals, dusts or gases?	<input type="checkbox"/>	<input type="checkbox"/>	Machinery movement?	<input type="checkbox"/>	<input type="checkbox"/>
Collapse or overturn?	<input type="checkbox"/>	<input type="checkbox"/>	High noise levels?	<input type="checkbox"/>	<input type="checkbox"/>
Release of pressure or stored energy?	<input type="checkbox"/>	<input type="checkbox"/>	Fire or explosion?	<input type="checkbox"/>	<input type="checkbox"/>
Work at height or overhead?	<input type="checkbox"/>	<input type="checkbox"/>	Confined space or excavation?	<input type="checkbox"/>	<input type="checkbox"/>
Heavy lifting?	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Impact? eg. spills, waste etc.	<input type="checkbox"/>	<input type="checkbox"/>

Other hazards:

Don't forget other work going on in the area!

Is my WORK EQUIPMENT safe..?	Yes	No	N/A	What ACTION should I take..?
Do I have the correct tools/equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the equipment inspected & free from defect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I have safe & easy access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there OTHER RISK FACTORS..?				
Is the lighting sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Am I competent to do this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Am I medically fit for this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I need to inform anyone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	












Keep the risk prediction with you during the job, if a permit is required attach risk prediction to permit.

Do I need a PERMIT-TO-WORK.?											
	A Safe Work Permit is required for high-risk activities as well as all contracted activities ¹ . Additional permits are also required based on the specific high-risk activity. Please tick the appropriate box and corresponding permit type that is required.										
	<input checked="" type="checkbox"/> if yes	Contracted Activity	Critical Lifting Operation	Excavation Operations	Demolition	Hazardous Chemicals/ Line Breaking	Live Machinery Intervention	Work at Height > 6ft	High-hazard Electrical Work	Welding, Cutting, Grinding	Confined Space Work
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Permit required	Safe Work Permit										
		<input type="checkbox"/>						Electrical Work	Hot Work	Confined Space Entry	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

What do I need to LOCK-OUT & TAG-OUT.?
(Electricity, Compressed Air, Hydraulics, Gravity, Springs, Other stored energy)

What else do I need to do BEFORE JOB STARTS.?							
Pre-job measures to be taken:				Other		Other	
<input checked="" type="checkbox"/> if yes	Review SEP Scope of Works	Review JHA/ RUMS or RA	Complete Isolation Certificate (LOTO-T)	Complete Toolbox Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

What do I need to do DURING THE JOB.?							
Pre-job measures to be taken:							
<input checked="" type="checkbox"/> if yes	Onsite Supervision by PA	Regular Monitoring by PI	Fire Watch	Atmospheric Monitoring	STOP WORK For changes in environmental conditions	STOP WORK If changes in scope are identified	STOP WORK If new hazards and risks are detected
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What PPE do I need..?											
<input checked="" type="checkbox"/> if required											
	Helmet	Safety footwear	High-vis clothing	Eye protection	Face protection	Hearing protection	Protective gloves	Respirator (dust)	Respirator (gas/vapour)	Personal fall protection	Protective clothing
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If using protective gloves or respiratory protection, indicate type:											

What if things GO WRONG...?	Yes	No	How should I PREPARE..?
Can I deal with an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	
Can I summon help if I get hurt?	<input type="checkbox"/>	<input type="checkbox"/>	

**ONLY PROCEED IF YOU ARE SURE YOU CAN DO THE JOB SAFELY!
IF IN DOUBT, STOP AND SEEK ADVICE!**

CERTIFICATION by Performing Authority: I certify that I have visited the work area, and carefully assessed the work & risks involved			
Date & time		Signature	

PARTICIPANTS involved in the work/job: I certify that I have read and understand the risks involved			
Signature		Signature	
Signature		Signature	
Signature		Signature	
Signature		Signature	

AUTHORISATION by Supervisor or Contract Manager: I certify that I have visited the work area, informed the Area Authority and have authorised the work/job to be performed.			
Date & time		Signature	

Keep the risk prediction with you during the job, if a permit is required attach risk prediction to permit.

¹ Except normal, routine low risk tasks (e.g. Office-based activities-auditing ; inspections not involving interventions or use of specialized equipment.