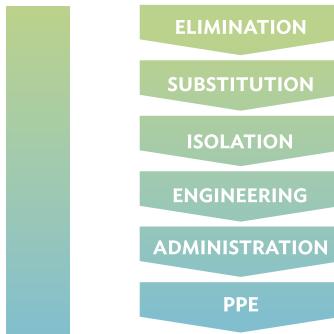


# Take 5

Zero  
Harm

# HIERARCHY OF CONTROLS

Most effective



Physically remove the hazard

Replace the hazard

Isolate people from the hazard

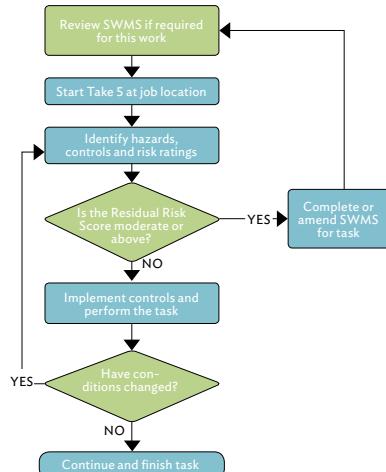
Redesign or modify the hazard

Change the way people work

Protect the worker with Personal Protective Equipment

Least effective

## Zero Harm



| CONSEQUENCE        |   |  |  |  |   |   |
|--------------------|---|--|--|--|---|---|
| Consequence        | 1 Insignificant                                 | 2 Minor  | 3 Moderate   | 4 Major  | 5 Extreme   | 6 Catastrophic  |
| Health and Safety  | First Aid treatment for minor cuts, bruises etc | Medical treatment injury with no long term impact    | Serious injury with anticipated full recovery        | Severe injury, temporary disability                                | Severe injury, permanent disability to one or more persons  | One or more fatalities.   |
| Environmental harm | Minimal impact                                  | Localised impact on flora and fauna, oil spill <200L | Ecosystem impact such as fish kill, oil spill <1000L | Significant ecosystem harm with residual effects, oil spill >1000L | Significant ecosystem harm and eventual recovery of ecosystem (i.e. loss of threatened species in region) | Significant ecosystem harm with permanent degradation (i.e. loss of threatened species) |

| LIKELIHOOD        |                   |  |
|-------------------|-------------------|--|
| Description       | Probability range | Example probability                                |
| 7. Almost certain | 91%-100%          | Event is expected                                  |
| 6. Likely         | 61%-90%           | Event is likely to occur                           |
| 5. Possible       | 21%-60%           | Event may occur, but not likely                    |
| 4. Unlikely       | 6%-20%            | Event not expected                                 |
| 3. Rare           | 1%-5%             | Event extremely unlikely                           |
| 2. Extremely Rare | <1%               | May occur in extreme and exceptional circumstances |

| CONSEQUENCE      |                 |               |            |               |           |                |
|------------------|-----------------|---------------|------------|---------------|-----------|----------------|
| LIKELIHOOD       | Insignificant 1 | Minor 2       | Moderate 3 | Major 4       | Extreme 5 | Catastrophic 6 |
| Almost certain 7 | 7               | 14            | 21         | 28            | 35        | 42             |
| Likely 6         | 6               | 12            | 18         | 24            | 30        | 36             |
| Possible 5       | 5               | 10            | 15         | 20            | 25        | 30             |
| Unlikely 4       | 4               | 8             | 12         | 16            | 20        | 24             |
| Rare 3           | 3               | 6             | 9          | 12            | 15        | 18             |
| Extremely Rare 2 | 2               | 4             | 6          | 8             | 10        | 12             |
| Low              |                 | Moderate      |            | High          |           | Extreme        |
| Proceed          |                 | Complete SWMS |            | Complete SWMS |           | Do Not Proceed |

|           |       |
|-----------|-------|
| Location: | Date: |
|-----------|-------|

|       |
|-------|
| Task: |
|-------|

|       |          |       |          |
|-------|----------|-------|----------|
| Name: | Initial: | Name: | Initial: |
|       |          |       |          |
|       |          |       |          |
|       |          |       |          |
|       |          |       |          |
|       |          |       |          |
|       |          |       |          |

| SWMS No. |  | YES                              | NO                               |
|----------|--|----------------------------------|----------------------------------|
| 1        | Do I have safe access / egress?                    | <input type="radio"/>            | <input checked="" type="radio"/> |
| 2        | Can nearby activities injure me?                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| 3        | Can my activities interfere with or injure others? | <input checked="" type="radio"/> | <input type="radio"/>            |
| 4        | Can I strain or over exert myself?                 | <input checked="" type="radio"/> | <input type="radio"/>            |
| 5        | Are there enough people to perform this task?      | <input type="radio"/>            | <input checked="" type="radio"/> |
| 6        | Can I slip or trip on anything?                    | <input checked="" type="radio"/> | <input type="radio"/>            |
| 7        | Can I fall onto, into or from anything?            | <input checked="" type="radio"/> | <input type="radio"/>            |
| 8        | Can I come into contact with something harmful?    | <input checked="" type="radio"/> | <input type="radio"/>            |
| 9        | Do I have PPE fit for the task?                    | <input type="radio"/>            | <input checked="" type="radio"/> |
| 10       | Can weather conditions affect my safety?           | <input checked="" type="radio"/> | <input type="radio"/>            |
| 11       | Do I need a permit for the task?                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| 12       | Can I cause something to fall onto someone?        | <input checked="" type="radio"/> | <input type="radio"/>            |
| 13       | Are my tools and equipment fit for purpose?        | <input type="radio"/>            | <input checked="" type="radio"/> |
| 14       | Can I spill or pollute anything?                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| 15       | Is there a safer way to do the task?               | <input checked="" type="radio"/> | <input type="radio"/>            |
| 16       | Do I need to isolate an energy source?             | <input checked="" type="radio"/> | <input type="radio"/>            |
| 17       | Are any hazardous substances involved?             | <input checked="" type="radio"/> | <input type="radio"/>            |
| 18       | Do I have enough time to perform the task?         | <input type="radio"/>            | <input checked="" type="radio"/> |
| 19       | Am I in a good state of mind for the task?         | <input type="radio"/>            | <input checked="" type="radio"/> |
| 20       | Are there any other hazards present?               | <input checked="" type="radio"/> | <input type="radio"/>            |

Where a red box is ticked, ensure controls are identified in the table on the rear of this sheet

### Stop, Look, Assess, Control

| Hazard No.   | Identify the Hazard, Detail the Control. Rate Original and Residual Risk. | Circle the risk rating |   |   |   |
|--|---|------------------------|---|---|---|
|  | Hazard:   | L                      | M | H | E |
|  | Control:  | L                      | M | H | E |
|  | Hazard:   | L                      | M | H | E |
|  | Control:  | L                      | M | H | E |
|  | Hazard:   | L                      | M | H | E |
|  | Control:  | L                      | M | H | E |
|  | Hazard:   | L                      | M | H | E |
|  | Control:  | L                      | M | H | E |
|  | Hazard:   | L                      | M | H | E |
|  | Control:  | L                      | M | H | E |
|  | Hazard:   | L                      | M | H | E |
|  | Control:  | L                      | M | H | E |
|  | Hazard:   | L                      | M | H | E |
|  | Control:  | L                      | M | H | E |
| <b>If you circled MODERATE or above for the RESIDUAL risk, a SWMS must be completed.</b> |   |                        |   |   |   |
| <b>Check:</b> Have you controlled all possible hazards? Are you Ready To Work Safely?    |   |                        |   |   |   |