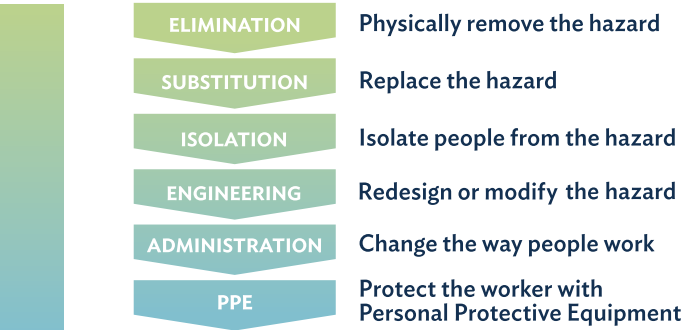


Take 5

Zero
Harm

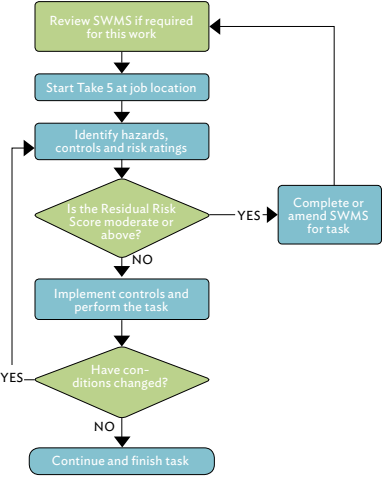
HIERARCHY OF CONTROLS

Most effective



Least effective

Zero Harm



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					
		Insignificant 1	Minor 2	Moderate 3	Major 4	Extreme 5	Catastrophic 6
LIKELIHOOD	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="checkbox"/>
2	Can nearby activities injure me?				<input type="checkbox"/>
3	Can my activities interfere with or injure others?				<input type="checkbox"/>
4	Can I strain or over exert myself?				<input type="checkbox"/>
5	Are there enough people to perform this task?				<input type="checkbox"/>
6	Can I slip or trip on anything?				<input type="checkbox"/>
7	Can I fall onto, into or from anything?				<input type="checkbox"/>
8	Can I come into contact with something harmful?				<input type="checkbox"/>
9	Do I have PPE fit for the task?				<input type="checkbox"/>
10	Can weather conditions affect my safety?				<input type="checkbox"/>
11	Do I need a permit for the task?				<input type="checkbox"/>
12	Can I cause something to fall onto someone?				<input type="checkbox"/>
13	Are my tools and equipment fit for purpose?				<input type="checkbox"/>
14	Can I spill or pollute anything?				<input type="checkbox"/>
15	Is there a safer way to do the task?				<input type="checkbox"/>
16	Do I need to isolate an energy source?				<input type="checkbox"/>
17	Are any hazardous substances involved?				<input type="checkbox"/>
18	Do I have enough time to perform the task?				<input type="checkbox"/>
19	Am I in a good state of mind for the task?				<input type="checkbox"/>
20	Are there any other hazards present?				<input type="checkbox"/>
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
If you circled MODERATE or above for the RESIDUAL risk, a SWMS must be completed.									
Check: Have you controlled all possible hazards? Are you Ready To Work Safely?									