



Take Five for Safety

Task Details

Site/Company:

Date:

Name:

Describe task:

Pre-task Checks

if Yes, if No OR if NA

I am **not** rushing, frustrated, fatigued or complacent.

Am I fit to do the task?

Do I clearly understand the task?

Am I authorised/competent to do the task?

Do I have the correct PPE and tools for the task?

Have I done all pre-start checks on equipment?

Have I identified, isolated, locked and tagged all energy sources?

Have I done the required High Risk or Authority to Work Permits for the task?

Have I told others that may be affected by my work?

If see your supervisor

Hazard Identification

I have used the checklist to identify hazards?

I have identified, risk ranked and managed the hazards in my work area?

What is the highest residual risk identified? (circle) **E H M L**

If: **"E"** or **"H"** STOP WORK, see your Supervisor

"M" prepare SWMS.

"L" begin the task.

Signature:

Do not start work if the risk is rated as **"E"** or **"H"**.

Residual risk must be **"L"** before you start work.

