





STEP 01

Stop, step back and think



STEP 02

Identify the Hazard(s)



STEP 03

Assess the level of Risk



STEP 04

Control the Hazard(s)



STEP 05

Proceed Safely



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

Full Name							
Date							
Job Description							
Location							
Job Consideratio	ns	Yes	No				
Am I aware of the	DANGERS in this job?						
Do I require a perr prediction (JSA)							
Have I assessed th							
Have I assessed th	e environmental risk? (Spills, waste emission etc.)						
Are the right safet (Complete other s							
Am I wearing the	correct PPE?						
	ated this job to those around me? orkmate) Person informed						
Am I now safe to c safe level?	complete the job-have I reduced the risk to a						

Have I looked:	Close? □	Wide?		For the hid	dden? 🗆	
Could the follow	ing hazards be present?	Yes/No	Wha	t controls d	lo I need?	
Slips and trips						
Risk of falling						
Heavy lifting/overreaching						
Forklift or other to	raffic					
Electricity						
Moving parts						
Stored Energy e.g	. air					
Pinch points						
Hot surfaces						
Hazardous chemi	cals					
Poor lighting						
Spill or Emission						
Other:						
Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

Full Name							
Date							
Job Description							
Location							
Job Consideratio	ns	Yes	No				
Am I aware of the	DANGERS in this job?						
Do I require a perr prediction (JSA)							
Have I assessed th							
Have I assessed th	e environmental risk? (Spills, waste emission etc.)						
Are the right safet (Complete other s							
Am I wearing the	correct PPE?						
	ated this job to those around me? orkmate) Person informed						
Am I now safe to c safe level?	complete the job-have I reduced the risk to a						

	Have I looked:	Close? □	Wide?		For the hid	lden? 🗌	
	Could the followi	ng hazards be present?	Yes/No	Wha	t controls d	o I need?	
	Slips and trips						
Risk of falling							
	Heavy lifting/over	reaching					
	Forklift or other tra	affic					
	Electricity						
Moving parts							
Stored Energy e.g. air							
Pinch points							
Hot surfaces							
Hazardous chemicals							
Poor lighting							
	Spill or Emission						
	Other:						
	Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name							
	Date							
	Job Description							
	Location							
Job Considerations				No				
	Am I aware of the	DANGERS in this job?						
	Do I require a perr prediction (JSA)							
	Have I assessed th							
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)						
	Are the right safet (Complete other s							
	Am I wearing the	correct PPE?						
		ated this job to those around me? orkmate) Person informed						
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a						

	Have I looked: Close? □	Wide?	☐ For the hid	dden? 🗆
	Could the following hazards be present?	Yes/No	What controls of	lo I need?
	Slips and trips			
	Risk of falling			
	Heavy lifting/overreaching			
Forklift or other traffic				
	Electricity			
	Moving parts			
	Stored Energy e.g. air			
	Pinch points			
	Hot surfaces			
	Hazardous chemicals			
	Poor lighting			
	Spill or Emission			
	Other:			
	Can I contact help if someone gets hurt?		Yes	No



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name							
	Date							
	Job Description							
	Location							
Job Considerations				No				
	Am I aware of the	DANGERS in this job?						
	Do I require a perr prediction (JSA)							
	Have I assessed th							
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)						
	Are the right safet (Complete other s							
	Am I wearing the	correct PPE?						
		ated this job to those around me? orkmate) Person informed						
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a						

	Have I looked:	Close? □	Wide?		For the hid	lden? 🗌	
	Could the followi	ing hazards be present?	Yes/No	Wha	t controls d	o I need?	
	Slips and trips						
Risk of falling							
	Heavy lifting/over	reaching					
Forklift or other traffic							
	Electricity						
Moving parts							
Stored Energy e.g. air							
	Pinch points						
	Hot surfaces						
	Hazardous chemic	als					
Poor lighting							
	Spill or Emission						
	Other:						
	Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name							
	Date	Date						
	Job Description							
	Location							
Job Considerations				No				
	Am I aware of the	DANGERS in this job?						
	Have I assessed th							
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)						
	Are the right safet (Complete other s							
	Am I wearing the	correct PPE?						
		ated this job to those around me? orkmate) Person informed						
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a						

	Have I looked:	Close? □	Wide?		For the hid	dden? 🗆	
	Could the follow	ing hazards be present?	Yes/No	Wha	t controls o	lo I need?	
	Slips and trips						
	Risk of falling						
	Heavy lifting/over	reaching					
Forklift or other traffic							
	Electricity						
	Moving parts						
	Stored Energy e.g.	air					
	Pinch points						
	Hot surfaces						
	Hazardous chemic	cals					
	Poor lighting						
	Spill or Emission						
	Other:						
	Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name							
	Date	Date						
	Job Description							
	Location							
Job Considerations				No				
	Am I aware of the	DANGERS in this job?						
	Have I assessed th							
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)						
	Are the right safet (Complete other s							
	Am I wearing the	correct PPE?						
		ated this job to those around me? orkmate) Person informed						
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a						

	Have I looked: Close? □	Wide?	☐ For th	ne hidden? 🗌	
	Could the following hazards be present?	Yes/No	What conti	ols do I need?	
	Slips and trips				
Risk of falling					
	Heavy lifting/overreaching				
Forklift or other traffic					
	Electricity				
	Moving parts				
	Stored Energy e.g. air				
	Pinch points				
	Hot surfaces				
	Hazardous chemicals				
	Poor lighting				
	Spill or Emission				
	Other:				
	Can I contact help if someone gets hurt?		Yes	No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
Have I assessed the HAZARDS of this job? (See other side of this form)						
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Are the right safet (Complete other s					
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	omplete the job-have I reduced the risk to a				

Have I looked:	Close? □	Wide?		For the hid	dden? 🗆	
Could the follo	wing hazards be present?	Yes/No	What	controls d	lo I need?	
Slips and trips						
Risk of falling						
Heavy lifting/ov	verreaching					
Forklift or other	traffic					
Electricity						
Moving parts						
Stored Energy 6	.g. air					
Pinch points						
Hot surfaces						
Hazardous cher	nicals					
Poor lighting						
Spill or Emission	1					
Other:						
Can I contact he	elp if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
Have I assessed the HAZARDS of this job? (See other side of this form)						
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Are the right safet (Complete other s					
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	omplete the job-have I reduced the risk to a				

Have I looked: Close? □	Wide?	☐ For	the hidden? 🗌	
Could the following hazards be present?	Yes/No	What con	trols do I need?	
Slips and trips				
Risk of falling				
Heavy lifting/overreaching				
Forklift or other traffic				
Electricity				
Moving parts				
Stored Energy e.g. air				
Pinch points				
Hot surfaces				
Hazardous chemicals				
Poor lighting				
Spill or Emission				
Other:				
Can I contact help if someone gets hurt?		Yes	No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
	Are the right safet (Complete other s			
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to c safe level?	omplete the job-have I reduced the risk to a		

Have I looked: Close? □	Wide?	☐ For the hid	dden? 🗆
Could the following hazards be present?	Yes/No	What controls o	lo I need?
Slips and trips			
Risk of falling			
Heavy lifting/overreaching			
Forklift or other traffic			
Electricity			
Moving parts			
Stored Energy e.g. air			
Pinch points			
Hot surfaces			
Hazardous chemicals			
Poor lighting			
Spill or Emission			
Other:			
Can I contact help if someone gets hurt?		Yes	No



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
	Are the right safet (Complete other s			
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to c safe level?	omplete the job-have I reduced the risk to a		



	Have I looked:	Close? □	Wide?		For the hid	lden? 🗆	
	Could the followi	ng hazards be present?	Yes/No	Wha	t controls d	o I need?	
	Slips and trips						
	Risk of falling						
	Heavy lifting/over	reaching					
	Forklift or other tr	affic					
	Electricity						
	Moving parts						
	Stored Energy e.g.	air					
	Pinch points						
	Hot surfaces						
	Hazardous chemic	cals					
Poor lighting							
	Spill or Emission						
	Other:						
	Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
	Are the right safet (Complete other s			
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to c safe level?	omplete the job-have I reduced the risk to a		

Have I looked:	Close? □	Wide?		For the hid	dden? 🗆	
Could the follow	ring hazards be present?	Yes/No	Wha	t controls d	lo I need?	
Slips and trips						
Risk of falling						
Heavy lifting/ove	rreaching					
Forklift or other t	raffic					
Electricity						
Moving parts						
Stored Energy e.c	g. air					
Pinch points						
Hot surfaces						
Hazardous chemi	icals					
Poor lighting						
Spill or Emission						
Other:						
Can I contact help	p if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
	Are the right safet (Complete other s			
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to c safe level?	omplete the job-have I reduced the risk to a		

	Have I looked: CI	ose? 🗆	Wide?		For the hid	dden? □	
	Could the following	hazards be present?	Yes/No	Wha	t controls d	o I need?	
	Slips and trips						
	Risk of falling						
	Heavy lifting/overrea	ching					
	Forklift or other traffic	c					
	Electricity						
	Moving parts						
	Stored Energy e.g. air						
	Pinch points						
	Hot surfaces						
	Hazardous chemicals						
_	Poor lighting						
	Spill or Emission						
	Other:						
	Can I contact help if s	omeone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Do I require a perr prediction (JSA)	nit to do this job? IF YES then complete full risk		
	Have I assessed th	e HAZARDS of this job? (See other side of this form)		
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
Are the right safety controls in place e.g. LOTO? (Complete other side of this form)				
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a		

Have I looked:	Close? □	Wide?		For the hid	lden? 🗆	
Could the followi	ing hazards be present?	Yes/No	Wha	t controls d	o I need?	
Slips and trips						
Risk of falling						
Heavy lifting/over	reaching					
Forklift or other tr	affic					
Electricity						
Moving parts						
Stored Energy e.g.	air					
Pinch points						
Hot surfaces						
Hazardous chemic	cals					
Poor lighting						
Spill or Emission						
Other:						
Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

Full Name			
Date			
Job Description			
Location			
Job Consideratio	ns	Yes	No
Am I aware of the	DANGERS in this job?		
Do I require a perr prediction (JSA)	nit to do this job? IF YES then complete full risk		
Have I assessed th	e HAZARDS of this job? (See other side of this form)		
Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
Are the right safet (Complete other s	y controls in place e.g. LOTO? ide of this form)		
Am I wearing the	correct PPE?		
	nted this job to those around me? orkmate) Person informed		
Am I now safe to c safe level?	omplete the job-have I reduced the risk to a		

Have I looked: Close? □	Wide?		For the hid	lden? 🗆	
Could the following hazards be present?	Yes/No	Wha	t controls d	o I need?	
Slips and trips					
Risk of falling					
Heavy lifting/overreaching					
Forklift or other traffic					
Electricity					
Moving parts					
Stored Energy e.g. air					
Pinch points					
Hot surfaces					
Hazardous chemicals					
Poor lighting					
Spill or Emission					
Other:					
Can I contact help if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Do I require a perr prediction (JSA)	nit to do this job? IF YES then complete full risk		
Have I assessed the HAZARDS of this job? (See other side of this form)				
Have I assessed the environmental risk? (Spills, waste emission etc.)				
Are the right safety controls in place e.g. LOTO? (Complete other side of this form)				
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to o safe level?	omplete the job-have I reduced the risk to a		

Have I looked:	Close? □	Wide?		For the hid	dden? 🗆	
Could the follow	ing hazards be present?	Yes/No	Wha	t controls d	lo I need?	
Slips and trips						
Risk of falling						
Heavy lifting/over	reaching					
Forklift or other tr	affic					
Electricity						
Moving parts						
Stored Energy e.g	. air					
Pinch points						
Hot surfaces						
Hazardous chemi	cals					
Poor lighting						
Spill or Emission						
Other:						
Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Do I require a perr prediction (JSA)	nit to do this job? IF YES then complete full risk		
Have I assessed the HAZARDS of this job? (See other side of this form)				
Have I assessed the environmental risk? (Spills, waste emission etc.)				
Are the right safety controls in place e.g. LOTO? (Complete other side of this form)				
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to o safe level?	omplete the job-have I reduced the risk to a		

Have I looked: Close? □	Wide?	☐ For the hid	dden? 🗆
Could the following hazards be present?	Yes/No	What controls o	lo I need?
Slips and trips			
Risk of falling			
Heavy lifting/overreaching			
Forklift or other traffic			
Electricity			
Moving parts			
Stored Energy e.g. air			
Pinch points			
Hot surfaces			
Hazardous chemicals			
Poor lighting			
Spill or Emission			
Other:			
Can I contact help if someone gets hurt?		Yes	No



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Do I require a perr prediction (JSA)	nit to do this job? IF YES then complete full risk		
	Have I assessed th	e HAZARDS of this job? (See other side of this form)		
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
Are the right safety controls in place e.g. LOTO? (Complete other side of this form)				
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a		

Have I looked: Close? □	Wide?		For the hid	lden? 🗆	
Could the following hazards be present?	Yes/No	Wha	t controls d	o I need?	
Slips and trips					
Risk of falling					
Heavy lifting/overreaching					
Forklift or other traffic					
Electricity					
Moving parts					
Stored Energy e.g. air					
Pinch points					
Hot surfaces					
Hazardous chemicals					
Poor lighting					
Spill or Emission					
Other:					
Can I contact help if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Do I require a perr prediction (JSA)	nit to do this job? IF YES then complete full risk		
	Have I assessed th	e HAZARDS of this job? (See other side of this form)		
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)		
Are the right safety controls in place e.g. LOTO? (Complete other side of this form)				
	Am I wearing the	correct PPE?		
		ated this job to those around me? orkmate) Person informed		
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a		

Have I looked:	Close? □	Wide?		For the hid	lden? 🗆	
Could the followi	ing hazards be present?	Yes/No	Wha	t controls d	o I need?	
Slips and trips						
Risk of falling						
Heavy lifting/over	reaching					
Forklift or other tra	affic					
Electricity						
Moving parts						
Stored Energy e.g.	. air					
Pinch points						
Hot surfaces						
Hazardous chemic	cals					
Poor lighting						
Spill or Emission						
Other:						
Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
Have I assessed the HAZARDS of this job? (See other side of this form)						
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Are the right safet (Complete other s					
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a				

Have I looked: Close? □	Wide?		For the hid	dden? 🗆	
Could the following hazards be present?	Yes/No	Wha	t controls d	lo I need?	
Slips and trips					
Risk of falling					
Heavy lifting/overreaching					
Forklift or other traffic					
Electricity					
Moving parts					
Stored Energy e.g. air					
Pinch points					
Hot surfaces					
Hazardous chemicals					
Poor lighting					
Spill or Emission					
Other:					
Can I contact help if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
Have I assessed the HAZARDS of this job? (See other side of this form)						
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Are the right safet (Complete other s					
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a				

Wide?	☐ For the hid	dden? 🗆
Yes/No	What controls of	lo I need?
	Yes	No
		Yes



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
	Have I assessed th	e HAZARDS of this job? (See other side of this form)				
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a				

Have I looked:	Close? □	Wide?		For the hid	lden? 🗆	
Could the follow	ng hazards be present?	Yes/No	Wha	t controls d	o I need?	
Slips and trips						
Risk of falling						
Heavy lifting/over	reaching					
Forklift or other tr	affic					
Electricity						
Moving parts						
Stored Energy e.g.	air					
Pinch points						
Hot surfaces						
Hazardous chemio	cals					
Poor lighting						
Spill or Emission						
Other:						
Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
	Have I assessed th	e HAZARDS of this job? (See other side of this form)				
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a				

Have I looked:	Close? □	Wide?		For the hid	dden? 🗆	
Could the follow	ng hazards be present?	Yes/No	Wha	t controls d	lo I need?	
Slips and trips						
Risk of falling						
Heavy lifting/over	reaching					
Forklift or other tr	affic					
Electricity						
Moving parts						
Stored Energy e.g.	air					
Pinch points						
Hot surfaces						
Hazardous chemio	cals					
Poor lighting						
Spill or Emission						
Other:						
Can I contact help	if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
	Have I assessed th	e HAZARDS of this job? (See other side of this form)				
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a				

Have I looked: Close? □	Wide?		For the hid	dden? 🗆	
Could the following hazards be present?	Yes/No	Wha	t controls d	lo I need?	
Slips and trips					
Risk of falling					
Heavy lifting/overreaching					
Forklift or other traffic					
Electricity					
Moving parts					
Stored Energy e.g. air					
Pinch points					
Hot surfaces					
Hazardous chemicals					
Poor lighting					
Spill or Emission					
Other:					
Can I contact help if someone gets hurt?		Yes		No	



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name					
	Date					
	Job Description					
	Location					
	Job Consideratio	ns	Yes	No		
	Am I aware of the	DANGERS in this job?				
	Do I require a permit to do this job? IF YES then complete full risk prediction (JSA)					
	Have I assessed th	e HAZARDS of this job? (See other side of this form)				
	Have I assessed th	e environmental risk? (Spills, waste emission etc.)				
	Am I wearing the	correct PPE?				
		ated this job to those around me? orkmate) Person informed				
	Am I now safe to c safe level?	complete the job-have I reduced the risk to a				

Have I looked: Close? □ Could the following hazards be present? Slips and trips Risk of falling Heavy lifting/overreaching Forklift or other traffic Electricity Moving parts Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting Spill or Emission			
Slips and trips Risk of falling Heavy lifting/overreaching Forklift or other traffic Electricity Moving parts Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting	Wide?	☐ For the hid	dden? 🗆
Risk of falling Heavy lifting/overreaching Forklift or other traffic Electricity Moving parts Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting	Yes/No	What controls d	lo I need?
Heavy lifting/overreaching Forklift or other traffic Electricity Moving parts Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting			
Forklift or other traffic Electricity Moving parts Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting			
Electricity Moving parts Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting			
Moving parts Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting			
Stored Energy e.g. air Pinch points Hot surfaces Hazardous chemicals Poor lighting			
Pinch points Hot surfaces Hazardous chemicals Poor lighting			
Hot surfaces Hazardous chemicals Poor lighting			
Hazardous chemicals Poor lighting			
Poor lighting			
Spill or Emission			
5p 6. 2111331011			
Other:			
Can I contact help if someone gets hurt?		Yes	No



Instructions

- 1. Fill in your full name, date, brief job description and location
- 2. Work through the list of job considerations
- 3. Complete the STOP THINK PROTECT checklist (see reverse page)
- 4. If you tick YES, to a hazard being present, write down what controls are required

	Full Name			
	Date			
	Job Description			
	Location			
	Job Consideratio	ns	Yes	No
	Am I aware of the	DANGERS in this job?		
	Do I require a perr prediction (JSA)			
Have I assessed the HAZARDS of this job? (See other side of this form)				
Have I assessed the environmental risk? (Spills, waste emission etc.)				
	Are the right safet (Complete other s			
	Am I wearing the			
		nted this job to those around me? orkmate) Person informed		
	Am I now safe to c	omplete the job-have I reduced the risk to a		

	Have I looked:	Close? □	Wide?	Wide? □		For the hidden? \square	
Could the following hazards be present?		Yes/No	What controls do I need?				
	Slips and trips						
Risk of falling							
Heavy lifting/overreaching							
	Forklift or other tr	affic					
	Electricity						
	Moving parts						
	Stored Energy e.g.	air					
	Pinch points						
	Hot surfaces						
	Hazardous chemio	cals					
	Poor lighting						
	Spill or Emission						
	Other:						
Can I contact help if someone gets hurt?			Yes		No		