

TAKE

5



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

QHSE STOP. THINK. PROTECT

When to use the QRP (Quick Risk Prediction) form

QRP to be used for all non-routine maintenance jobs

Upon starting the job, if it develops into a more complex or hazardous task stop work and complete a full risk prediction using a JSA (Job Safety Analysis)

if the job involves PTW (Permit to Work) a full risk prediction must be completed

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

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| Date | | |
| Job Description | | |
| Location | | |
| Job Considerations | Yes | No |
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| 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 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? | | |
| Have I communicated this job to those around me? (e.g. contractor, workmate) Person informed | | |
| Am I now safe to complete the job-have I reduced the risk to a safe level? | | |

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| 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 |

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if the job involves PTW (Permit to Work) a full risk prediction must be completed

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

| STOP | | | |
|---|------------|-----------|--|
| Full Name | | | |
| Date | | | |
| Job Description | | | |
| Location | | | |
| Job Considerations | 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 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? | | | |
| Have I communicated this job to those around me? (e.g. contractor, workmate) Person informed | | | |
| Am I now safe to complete the job-have I reduced the risk to a safe level? | | | |

STOP. THINK. PROTECT

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| Have I looked: | Close? <input type="checkbox"/> | Wide? <input type="checkbox"/> | For the hidden? <input type="checkbox"/> |
| 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 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 |

QHSE STOP. THINK. PROTECT

When to use the QRP (Quick Risk Prediction) form

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| STOP | | | |
|---|------------|-----------|--|
| Full Name | | | |
| Date | | | |
| Job Description | | | |
| Location | | | |
| Job Considerations | 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 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? | | | |
| Have I communicated this job to those around me? (e.g. contractor, workmate) Person informed | | | |
| Am I now safe to complete the job-have I reduced the risk to a safe level? | | | |

STOP. THINK. PROTECT

| | | | |
|--|---------------------------------|---------------------------------|--|
| Have I looked: | Close? <input type="checkbox"/> | Wide? <input type="checkbox"/> | For the hidden? <input type="checkbox"/> |
| 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 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 |