



## Job Safety Procedure

Please **complete this form at the commencement of all work** activity.  
This is mandatory for all maintenance works.

Job/WO Number: \_\_\_\_\_

Leading Tech Name: \_\_\_\_\_ Techs assisting: \_\_\_\_\_

	YES	NO	N/A	Comments
<b>Personal Work Environment:</b>				
Do you have a clear understanding of works required?				
Are you skilled, able, and 100% competent of mind to complete?				
Notified and alerted customer & stakeholders of work commencing?				
Do you have access to charged mobile phone on person				
<b>Identify risks that are present:</b>				
Fall				
Falling Objects				
Trip				
Electrica Shock / Electrocutation				
Heat / Weather				
Adequate Lighting				
Asbestos Present				
Combustion				
Noise				
Confined Space				
Equipment in working order				
Please identify other risks:				
1.				
2.				
3.				
DO YOU CONFIRM YOU ARE NOT WORKING ON LIVE CIRCUIT SOLOS				

<b>Personal Protective Equipment (PPE) used:</b>			
Safety glasses			
Appropriate footwear			
Harness / lanyard			
Hearing protection			

Please provide detail of any site based potential hazards that should be rectified:

- 1.
- 2.
- 3.

Date:

Signed: