

HOT WORK RISK ASSESSMENT

TASK DETAILS

Complete details or tick (☑) the relevant boxes where required:

Risk Assessment completed by: _____ Date: ___/___/___ Time: _____

Department responsible for work: Corporate Community Office of the CEO Regional Services

Work Unit: _____

Location the work will take place: _____

Details of the work to be undertaken: _____

Will the task involve or generate: Heat Sparks Flames If yes, please provide details _____

Are pressure vessels required/involved: Yes No If yes, what type: _____

Is the work to be conducted in a confined space: Yes* No *If work is to be performed in a confined space, a Hot Work Permit and gas monitoring shall be completed in conjunction with all other confined space requirements

Is atmospheric (gas) monitoring required? Yes No

FREQUENCY AND DURATION OF WORK

Who will be exposed to this work (e.g. employees, members of the public): _____

How often is the task performed: Several times a day Several times a week Once or twice a month
 Once or twice a year Less than yearly

What is the duration of the task: 8hrs/day 3 or 4 hours/day 1 or 2 hours/day Less than an hour/day

IDENTIFIED HAZARDS

- | | | |
|--|---|---|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Manual Handling | <input type="checkbox"/> Other (please list details): _____ |
| <input type="checkbox"/> Combustible materials in area | <input type="checkbox"/> Hazardous Substances | _____ |
| <input type="checkbox"/> Pressure | <input type="checkbox"/> Electricity | _____ |
| <input type="checkbox"/> Moving parts/plant | <input type="checkbox"/> Equipment Earthing | _____ |
| <input type="checkbox"/> Thermal/Heat | <input type="checkbox"/> Atmospheric Contaminants | _____ |

RISK MATRIX

| Assess the likelihood and consequences from the hazards or risks | | | | | | Consequences | | |
|---|---|---|--|--|--|--|-----|----|
| Likelihood | 1. Insignificant | 2. Minor | 3. Moderate | 4. Major | 5. Catastrophic | Control Options (please list details below) | Yes | No |
| No harm, injuries or ailments requiring treatment to public/workers | Minor harm or injury where first aid is required for public/workers | Harm, injury or illness requiring professional medical treatment for public/workers | One or more public/workers requiring hospitalisation & immediate medical treatment with the potential for permanent / long term incapacitation | Loss of life or multiple loss of life to public/workers. Life threatening injury / illness to public/workers | ELIMINATE: Can the hot work process be eliminated? | | | |
| Almost Certain is expected to occur at most times | Moderate 5 | High 4 | High 3 | Very High 2 | Very High 1 | SUBSTITUTE: Can the hot work process be replaced with a safe one? | | |
| Likely Will probably occur at most times | Moderate 6 | Moderate 5 | High 4 | Very High 3 | Very High 2 | ISOLATE: Can the process or person be isolated from the risk? | | |
| Possible Could occur at some time | Low 7 | Moderate 6 | Moderate 5 | High 4 | Very High 3 | ENGINEER: Can the process be redesigned? | | |
| Unlikely Might occur at some time | Low 8 | Low 7 | Moderate 6 | High 5 | High 4 | ADMINISTRATION: Can we limit the risk of exposure through processes, training? | | |
| Rare May occur in rare circumstances | Low 9 | Low 8 | Moderate 7 | Moderate 6 | High 5 | PPE: Can we use personal protective equipment? | | |

ACTIONS TO CONTROL RISK

| Hierarchy of Control | Action or Control | Responsible Person |
|----------------------|------------------------------|--------------------|
| e.g. Eliminate | Use bolts instead of welding | Supervisor |
| | | |
| | | |
| | | |
| | | |

Note: Please attach a separate sheet if more actions are required

HOT WORK RISK CONTROL OPTIONS (Please tick appropriate controls)

Please note: minimum mandatory PPE and fire fighting equipment is required as per Hot Work Procedure

| | |
|------------------|--|
| PPE: | <input type="checkbox"/> Safety Boots <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Welding helmet <input type="checkbox"/> Face Shield <input type="checkbox"/> Apron <input type="checkbox"/> Boot Covers <input type="checkbox"/> Goggles <input type="checkbox"/> Gloves <input type="checkbox"/> Other: _____ |
| FIRE PROTECTION: | <input type="checkbox"/> Extinguisher <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Alarm System <input type="checkbox"/> Other: _____ |
| FIRST AID: | <input type="checkbox"/> First Aid Kit <input type="checkbox"/> First Aid Officer <input type="checkbox"/> Other: _____ |
| ISOLATION: | <input type="checkbox"/> Flash/Spark Shield/Screens <input type="checkbox"/> Barricade <input type="checkbox"/> Isolate by distance (<10m) <input type="checkbox"/> Other: _____ |
| DOCUMENTATION: | <input type="checkbox"/> Hot work permit <input type="checkbox"/> Incident response plan/ Emergency Procedures <input type="checkbox"/> WH&S procedures <input type="checkbox"/> Confined space entry permit <input type="checkbox"/> Confined space risk assessment <input type="checkbox"/> Other: _____ |

HOT WORK APPROVAL

Hot Work is approved / not approved to be carried out (please circle). All required actions have been taken.

| | |
|------------------|--------------------------|
| Name: _____ | Position: _____ |
| Signature: _____ | Date: ____ / ____ / ____ |

This risk assessment should be revised whenever there is evidence to indicate that it is no longer valid.