

Company Name: Date: Ref No: Site Name: Job/Task: Contractor: Take 5 Risk Assessment Checklist Task Description Task Descripti	Take 5 Risk Assessment Checklist				
Job/Task: Contractor: Take 5 Risk Assessment Checklist Task Description Photo of work environment No Documents & Photos To Display STOP and THINK Do Iclearly understand what is required? Please Select Am I trained to do the work and familiar with the equipment/task? Please Select Are the tools and equipment in a safe condition? Please Select Do I have approved documentation for the task? Please Select Have I informed others who may be affected by my work? Please Select Do I have the correct PPE for the task? Please Select Have I work and there who may be affected by my work? Please Select Do I have the correct PPE for the task? Please Select	Company Name:		Date:	Ref No:	
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Please Select		
Risk Assessment		
Have all hazard controls been implemented?		
Please Select		
Have all potential problems been discussed and understood by all?		
Please Select		
Can the task proceed safely?		
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Comments		
Any additional comments?		
Any additional photos? No Documents & Photos To Display		