

SAFETY ASSESSMENT

Client:		Job Number:	
Job Address:		Date:	
Job Activity/Task:			

Conduct an inspection of the work area to identify any potential hazards and risks



SAMPLE

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Have all workers undertaking the task(s) agreed the assessment (MIR)?
NO **YES**

Are there any other concerns that need to be addressed? (e.g. in terms of time and resources etc.)

Supervisor and Competent Person

By signing below, you will be confirming it is safe to commence work

Name	Signature	Name	Signature

Manager/Supervisor

Signature