

**BEFORE YOU START THE JOB**

# SLAM

## STOP

*Think about the work before you start*

## LOOK

*Check your tools, equipment and workplace and identify the hazards*

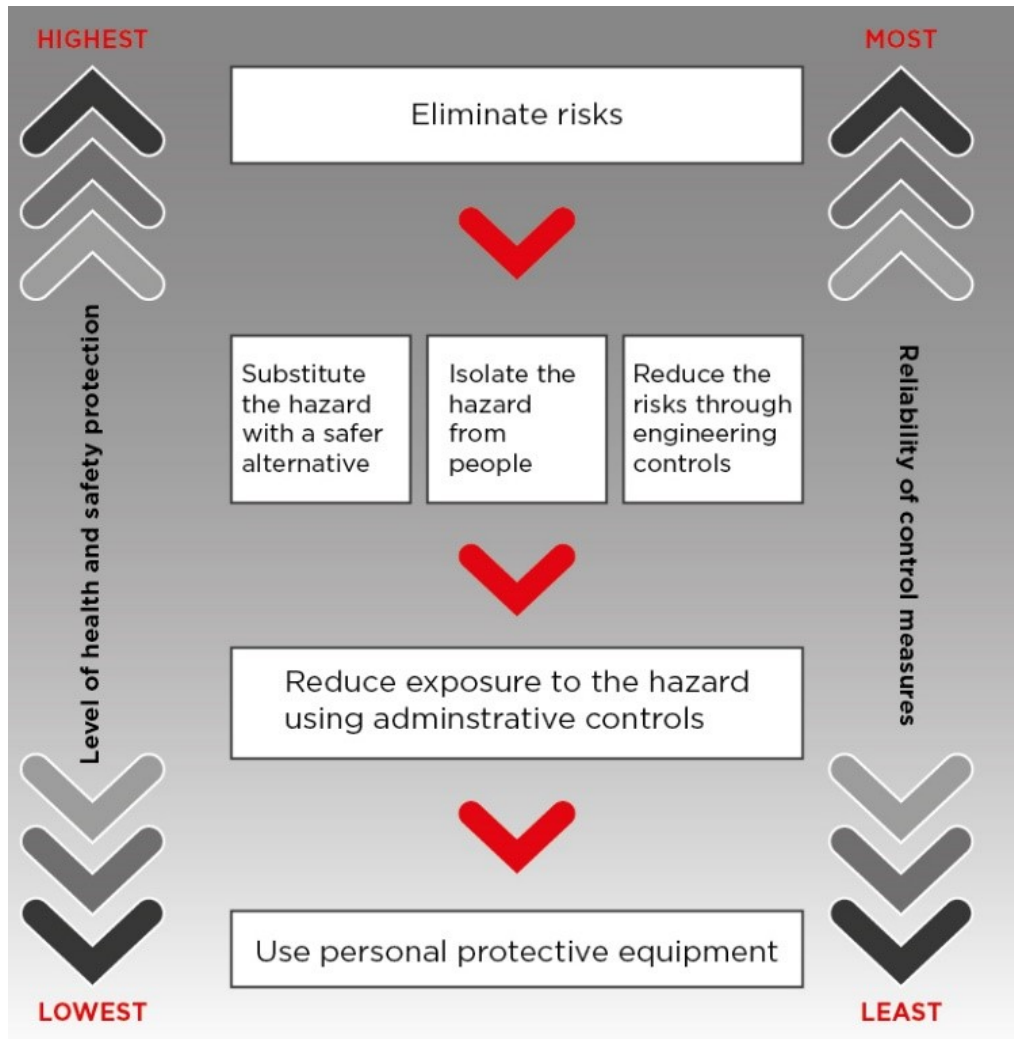
## ASSESS

*Assess the impact the hazards could have on you, others, plant & equipment and the environment*

## MANAGE

*Control exposure to the hazards*

		Consequence				
		Insignificant <i>(Incident including first aid; workplace hazard contained immediately and no ongoing safety risk)</i>	Minor <i>(Incident including medical treatment injuries, near miss; penalty/fine)</i>	Moderate <i>(Lost time injury; penalty/fine between \$50-200k)</i>	Major <i>(Permanent disability; prosecution and penalty/fine between &gt;\$200-500k)</i>	Catastrophic <i>(Fatality; prosecution and penalty/fine &gt;\$500k)</i>
Likelihood	Almost Certain <i>(&lt;3mths)</i>	Medium	High	High	High	High
	Likely <i>(3-12mths)</i>	Medium	Medium	High	High	High
	Possible <i>(1-5 yrs)</i>	Low	Medium	Medium	High	High
	Unlikely <i>(5-10 yrs)</i>	Low	Low	Medium	Medium	Medium
	Rare <i>(&gt;10 yrs)</i>	Low	Low	Low	Low	Medium



Name of Person Completing Assessment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team: \_\_\_\_\_

Location(s) of Work (Campus / Building / Level / Room): \_\_\_\_\_

Task: \_\_\_\_\_

### Step 1: Identify the High-Risk Work Activities

(if you **tick** any of the boxes below you must have a **separate SWMS**)

- |  |  |
|--|--|
| <input type="checkbox"/> Risk of fall > 2m                           | <input type="checkbox"/> On or near chemical, fuel or refrigerant lines      |
| <input type="checkbox"/> Demolition of a load bearing structure      | <input type="checkbox"/> On or near energised electrical installation        |
| <input type="checkbox"/> Disturbance of Asbestos                     | <input type="checkbox"/> Contaminated or flammable atmosphere                |
| <input type="checkbox"/> Using temporary support to prevent collapse | <input type="checkbox"/> On, in or adjacent to traffic corridor              |
| <input type="checkbox"/> Confined space                              | <input type="checkbox"/> Movement by powered mobile plant                    |
| <input type="checkbox"/> In / near shaft, tunnel or trench > 1.5m    | <input type="checkbox"/> Artificial extremes of temperature                  |
| <input type="checkbox"/> On or near pressurised gas mains or piping  | <input type="checkbox"/> In or near liquid where there is a risk of drowning |

### Step 2: Stop and Think

(if you answer '**NO**' to any of the questions below **DO NOT start work**, notify your JCU Rep / Manager)

Y/N or N/A

Y/N or N/A

	Y/N or N/A		Y/N or N/A
Do I understand what I need to do?		Is supervision (if required) available?	
Do I have all the permits I require?		Will others nearby be safe during my work?	
Are the right people / tools / equipment / PPE available?		Do I understand what to do in an emergency?	
Is there a SWP / guideline / SWMS / risk assessment?		Have I done everything possible to minimise the risk?	
Can I conduct the work in accordance with the SWP / guideline / SWMS / risk assessment?		Am I fit to do the work (i.e. free from fatigue, alcohol / drugs, medical illness, etc.)?	
Have I communicated with other workers any hazards that may affect me or them?		Is it safe to complete this task in the current weather / environmental conditions?	
Am I trained / qualified and competent to do this work?		Are all hazards controlled?	

**PLEASE TURN OVER FOR CONTROLS**

**Step 3: Hazards and controls**

Manual tasks (lifting, awkward or over exertion)	<input type="checkbox"/> Mechanical devices (trolley, forklift) <input type="checkbox"/> 2 person lift	Biological (infectious diseases, zoonosis)	<input type="checkbox"/> Decontamination certificate received (sighted) <input type="checkbox"/> Laboratory induction / escort <input type="checkbox"/> Immunisations <input type="checkbox"/> PPE (gloves, masks, eye protection, please list)
Gravity (slips, trips, fall, struck by falling objects)	<input type="checkbox"/> SWMS > 2m risk of fall <input type="checkbox"/> Permit – Working at heights <input type="checkbox"/> Permit - Excavations <input type="checkbox"/> Barricading <input type="checkbox"/> Fall prevention <input type="checkbox"/> Fall restraint <input type="checkbox"/> Spotter <input type="checkbox"/> Lanyards <input type="checkbox"/> Bench / batter / shore <input type="checkbox"/> Ladder safe work procedure <input type="checkbox"/> Structural supports in place	Machinery and equipment (caught in, on or between anything, struck by plant, flying objects)	<input type="checkbox"/> SWMS (powered mobile plant / working on roads) <input type="checkbox"/> Permit – Traffic corridor <input type="checkbox"/> Permit - Fire Pro Sys Isolation <input type="checkbox"/> Permit – Energy Isolation <input type="checkbox"/> Guarding <input type="checkbox"/> Barricading <input type="checkbox"/> Signage <input type="checkbox"/> Lock out / tag out <input type="checkbox"/> Interlocks <input type="checkbox"/> PPE <input type="checkbox"/> Traffic management
Radiation (x-ray, UV)	<input type="checkbox"/> Radiation specific induction / escort by JCU staff member <input type="checkbox"/> Isolation <input type="checkbox"/> PPE	Heat / cold	<input type="checkbox"/> SWMS (artificial extreme temperatures) <input type="checkbox"/> Check safety devices (e.g. alarms, locks, etc.) <input type="checkbox"/> Communication equipment <input type="checkbox"/> PPE
Electricity (faulty tools, live power)	<input type="checkbox"/> SWMS (energized) <input type="checkbox"/> Permit – LV Isolation / HV Exclusion Zone <input type="checkbox"/> Inspection <input type="checkbox"/> Lock out / tag out <input type="checkbox"/> Test / tag <input type="checkbox"/> RCD	Chemical	<input type="checkbox"/> SWMS (chemical, fuel, refrigerant lines / disturb asbestos) <input type="checkbox"/> Permit – Asbestos <input type="checkbox"/> SDS available <input type="checkbox"/> Ventilation <input type="checkbox"/> Using chemical in accordance with manufacturer direction <input type="checkbox"/> PPE
High pressure (gas, air or liquid)	<input type="checkbox"/> Isolation of energy source <input type="checkbox"/> Location of hazards	Working alone	<input type="checkbox"/> Communication person <input type="checkbox"/> Emergency response
Noise	<input type="checkbox"/> Isolate the area <input type="checkbox"/> Hearing protection	Hot works	<input type="checkbox"/> Permit – Hot works

**ADDITIONAL CONTROLS**

**Step 4: Risk level after controls have been implemented**  
*(if risk level is **High or Medium DO NOT start work**, notify your JCU Representative / Line Manager)*

High     
  Medium     
  Low