

WORK/SAFE

PRE-DELIVERY SAFETY ASSESSMENT



Customer Name :	Date:	Time
Assessed by:		

M	Y	S	P	A	C	E
Mind where you park	You are in charge	See & be seen	Protect others	Access all around	Clean up	Escape route

Does Current Hazard Alert Exist (Yes \ No) - (HA No.)

	Is there a RISK of :	Y/N	What is the HAZARD	How have you CONTROLLED it?	Remaining Risk See note 1 below		
					L	M	H
SAFETY & HEALTH	1. Coming into contact with moving machinery				L	M	H
	2. Being hit by a flying or falling object				L	M	H
	3. Being struck by a vehicle				L	M	H
	4. Striking against a fixed object				L	M	H
	5. Being cut				L	M	H
	6. A manual handling injury				L	M	H
	7. Tripping, slipping or falling				L	M	H
	8. Pressurised systems (other than the tanker)				L	M	H
	9. Being trapped under something				L	M	H
	10. Drowning or suffocating				L	M	H
	11. Exposure to harmful substances				L	M	H
	12. Being burned				L	M	H
	13. Exposure to noise				L	M	H
	14. Being assaulted				L	M	H
	15. Other unusual aspects to this job				L	M	H

Note 1: if the risk is HIGH after you have done all that you can, you must not unload without the help of the batcher or site manager

What was done to reduce the risk?	1.	L	M	H
	2.	L	M	H

Note 2: if the risk is HIGH after the site has done what it can, you must not unload. Call your despatch office.

Make a note of the despatcher's instructions here	
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HAZARD ALERT

What additional risks were you exposed to during this delivery?	
What were you able to do about these?	
Does the risk assessment for this site need changing, if so how?	

Assessment submitted by	Date	Time
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