



KEYS O'CALLAGHAN LOCKSMITHS

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Safe Work Method Statement and Risk Analysis

Location	
Building No.	
Order No.	

Step No.	Job Step	Identified Hazard	Risk Level	Control Measure
1				
2				
3				
4				

Pre Start Site Inspection Checklist (Y / N / NA)

Authority has been given to proceed with works		Hot Works Permit completed	
Others in the area are aware of the works		Work area adequately ventilated and well lit	
Those doing the work are inducted		Precautions for working near water are in place	
Barricades and signage are in place		Emergency exit routes known, clean and well lit	
Location of nearest first aid kit is known		Work area and access is clear, tidy and dry	
Location of fire extinguishers is known		Electrical leads and tools tagged, connected to ECB	

I acknowledge that the following persons will be performing the above tasks. They have been made aware of the risk assessment and they understand the control measures to be taken. Their signatures below confirm knowledge of the safe method of work.

Sign and Print Name		Sign and Print Name	
Sign and Print Name		Sign and Print Name	

Signed:		(Supervisor) Name:		Date	
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	A	B	C	D	E		PROBABILITY		POTENTIAL CONSEQUENCES
1	1	2	4	7	11	1	Common	A	Fatality / Permanent Disability
2	3	5	8	12	16	2	Has Happened	B	Major Injury (loss of time likely)
3	6	9	13	17	20	3	Could Happen	C	Medical Treatment
4	10	14	18	21	23	4	Not Likely	D	First Aid Treatment
5	15	19	22	24	25	5	Practically Impossible	E	Near Hit