

TASK:	Location:	Competent Person:	Date:																																					
Process: How are we doing it?	Hazards: What could go wrong?	Risk Ranking: Use Risk Matrix to complete	Controls: What are we doing about it?																																					
	1	Post risk task identified as Medium or High require approval from your company and Okland superintendent. <table border="1"> <caption>Severity</caption> <tr> <th></th> <th>Negligible</th> <th>Minor</th> <th>Moderate</th> <th>Major</th> <th>Catastrophic</th> </tr> <tr> <th rowspan="5">Likelihood</th> <td>Almost certain</td> <td>5</td> <td>10</td> <td>15</td> <td>20</td> <td>25</td> </tr> <tr> <td>Likely</td> <td>4</td> <td>8</td> <td>12</td> <td>16</td> <td>20</td> </tr> <tr> <td>Possible</td> <td>3</td> <td>6</td> <td>9</td> <td>12</td> <td>15</td> </tr> <tr> <td>Unlikely</td> <td>2</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> </tr> <tr> <td>Rare</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>		Negligible	Minor	Moderate	Major	Catastrophic	Likelihood	Almost certain	5	10	15	20	25	Likely	4	8	12	16	20	Possible	3	6	9	12	15	Unlikely	2	4	6	8	10	Rare	1	2	3	4	5	1
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2	2																																							
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	6	Company Supervisor:	6																																					
	7	Okland Superintendent/Safety:	7																																					
Specialized PPE:																																								
Face Shield <input type="checkbox"/>	8		8																																					
Hearing Protection <input type="checkbox"/>																																								
Personal Fall Protection <input type="checkbox"/>	9	Fatal 10	9																																					
Kevlar Sleeves <input type="checkbox"/>		Fall Exposures <input type="checkbox"/>																																						
Metatarsal Protection <input type="checkbox"/>	10	Mobile Equipment <input type="checkbox"/>	10																																					
Chemical Boots <input type="checkbox"/>		Scaffolds <input type="checkbox"/>																																						
Respirator <input type="checkbox"/>	11	Vehicle Operations <input type="checkbox"/>	11																																					
Goggles <input type="checkbox"/>		Caught in/Between/Struck By <input type="checkbox"/>																																						
Fire Rated Clothing <input type="checkbox"/>	12	Cranes and Rigging <input type="checkbox"/>	12																																					
Chemical Gloves <input type="checkbox"/>		Underground Utilities/Excavation <input type="checkbox"/>																																						
Cut Resistant Gloves <input type="checkbox"/>		Confined Space <input type="checkbox"/>																																						
<input type="checkbox"/>	Pre-Risk: Likelihood+Severity Before Controls	Stored Energy/Electrocution <input type="checkbox"/>	Post-Risk: Likelihood+Severity After Controls																																					
<input type="checkbox"/>	Low Medium High	Fire and Explosion <input type="checkbox"/>	Low Medium High																																					
Equipment Used:	Signatures:		Permits:																																					
Forklift Operations Require Separate PTP:	1	Special Requirements:																																						
	2																																							
List all critical controls in place for selected Fatal 10:	3	Confined Space:	Reciprocating Saw:																																					
	4	<input type="checkbox"/>	<input type="checkbox"/>																																					
	5	Energized Electrical:	Hot Work:																																					
	6	<input type="checkbox"/>	<input type="checkbox"/>																																					
	7	Soil Permit:	Crane Lift Plan:																																					
	8	<input type="checkbox"/>	<input type="checkbox"/>																																					