

Site Risk Assessment

This form to be completed for each call order

Date		Unit		Client		Location	
Risk ID	Description of Hazard	Applies to task		Standard Control Measures		Controls adequate?	
		Yes	No			Yes	No
1	ELECTROCUTION - Power Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Power Isolated	<input type="checkbox"/> Reposition crane to avoid	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Maintain minimum clearance distance	<input type="checkbox"/> Set work sequence to avoid		
				<input type="checkbox"/> Driver/Spotter trained if working within distance			
2	ROADS - Collision on public roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Traffic Control needed/in place	<input type="checkbox"/> Plan set up to avoid obstructing	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Flashing lights and hazard lights used	<input type="checkbox"/> Witches hats/Barriers		
3	SURFACE DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gain permission to access	<input type="checkbox"/> Plan route to avoid	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Gain permission to set up on	<input type="checkbox"/> Plan set up to avoid		
I, _____, authorised representative of _____ have discussed and agreed to the path and location of set to be used by Wheelers Cranes equipment. I understand that Wheeler Cranes is not responsible for damage to paths, driveways or sub-surface installations and release and indemnify Wheeler Cranes from responsibility for damage to any paths, driveways or subsurface installations. signed _____ date _____							
4	BOGGING Loss of control - Boggging/Sliding due to surface conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Use correct crane for task	<input type="checkbox"/> Use correct gear (Low/4WD)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Increased pad size for outriggers	<input type="checkbox"/> Customer agrees to meet recovery/de-bogging costs		
				Customers authorised representative Name _____ Signature _____			
5	Communication - obstructed sight lines, excess noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand signals	<input type="checkbox"/> UHF Radio	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Whistle signals	<input type="checkbox"/> direct verbal		
				<input type="checkbox"/> Intermediate Relay	<input type="checkbox"/> Mobile phone		
6	UNDERGROUND SERVICES - Fall due to/damage to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish location	<input type="checkbox"/> Plan route to avoid	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Gain permission to cross/set up on	<input type="checkbox"/> Use spotter while travelling		
					<input type="checkbox"/> Plan set up to avoid		
7	TRENCHES - Fall due to ground slippage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1:1 Gradient maximum	<input type="checkbox"/> Increase pad size for outriggers	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Fill trenches/engineered revetment	<input type="checkbox"/> Plan set up to avoid		
8	SUSPENDED SLAB - Fall due to failure of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engineering certificate sighted	<input type="checkbox"/> Tyre ground pressures checked	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Outrigger ground pressures checked	<input type="checkbox"/> Back Props adequate		
9	DRIVING ON SITE - moving plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Site Speed limits apply	<input type="checkbox"/> Escort provided	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Site traffic plan in place	<input type="checkbox"/> Use spotter while travelling		
				<input type="checkbox"/> Flashing lights and hazard lights used	<input type="checkbox"/> Use spotter as needed in reversing/tight situations		
10	O/HEAD STRUCT. - Collision with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Organise removal	<input type="checkbox"/> Plan route to avoid	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Maintain clearance while working	<input type="checkbox"/> Plan set up to avoid		
11	UNAUTHORISED PERSONNEL - on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Site/job has safety fence in place	<input type="checkbox"/> Spotter in place	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Site/job has barricade/tape in place	<input type="checkbox"/> Site/job has traffic control in place		
12	WORKING AT HEIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Access is appropriate? EWP/Scissor Lift/Scaffold/Platform Ladder	<input type="checkbox"/> Ladder secured top and bottom	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> Harness secured		
13	LOAD, BOOM, C/WEIGHT STRIKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Communications with other crews	<input type="checkbox"/> Plan lifts to avoid	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Communication within crew	<input type="checkbox"/> Position plant to avoid		
14	MANOUEVERING - Load on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slew Path planned to avoid personnel	<input type="checkbox"/> Franna path planned	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Slew Path planned to avoid equipt	<input type="checkbox"/> Side Slopes assessed		
				<input type="checkbox"/> Tail Swing free of obstruction	<input type="checkbox"/> Tag Line attached/anchored		
15	ISOLATION of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Isolation and tag out applied	<input type="checkbox"/> Confirm de-energised and tested	<input type="checkbox"/>	<input type="checkbox"/>
16	WIND - struck by load/damage to boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wind within manuf. Wind limit	<input type="checkbox"/> Load shape & size suitable	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Tag lines	<input type="checkbox"/> Load kept close to ground		
				<input type="checkbox"/> short boom			
17	ENVIRONMENTAL hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Spill kit available	<input type="checkbox"/> Hydration for heat stress	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Ventilation for fumes	<input type="checkbox"/> Noise limits & time restrictions		
				<input type="checkbox"/> PPE for chemicals	<input type="checkbox"/> MSDS		
18	VISIBILITY reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External lighting	<input type="checkbox"/> Lighting not in eyes	<input type="checkbox"/>	<input type="checkbox"/>
19	FATIGUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crew rested and able to work	<input type="checkbox"/> Work will not exceed max hours	<input type="checkbox"/>	<input type="checkbox"/>
20	MAN BOX work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Man Box checklist completed	<input type="checkbox"/> Man Box JSA completed & Toolboxed	<input type="checkbox"/>	<input type="checkbox"/>
21	Additional Control Measures required , i.e. other risks not listed, or control measures not listed above (refer to item no.)						
22	LIFTPLAN - capable of performing lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crane performance calc completed overleaf	<input type="checkbox"/> Lifting gear configuration complete	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Lifting Equipment inspected and in good order			

Critical Lift Study

Unit _____

Crane capacity _____

Description of Load _____

Lift 2	Lift 3	Lift 4	Lift 5

Lifting Gear configuration

No.	Rigging to be used (list)

Minimum Working Load Limit of rigging

A T

Crane Configuration

Required radius to be used

m

Boom Length

m

Fly/Needle

m

offset °

Manual Length

m

Counterweight

T

(Slew Only) Outrigger Config.

Full	Half	Rubber
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Franna only) Degree of Articulation

<input type="text"/>	<input type="text"/>
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Crane Capacity according to AS Charts (single crane)

B T At radius used

Winch/Hook Block

Hook Main/Aux

Max. selected hook block capacity C T

Winch T x Parts of Rope = WLL D T
line pull

Load Calculation

Weight of hook block(s) e T

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Estimated weight of rigging f T

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Weight of load g T

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Weight obtained from: (optional)

name and signature _____

Total Load (e+f+g) H T

Add Multi-Crane lift factor I % J T HxI

1 crane = 0%, 2 cranes = 20%, 3= 33%, 4= 50%

K T H+J

Are A, B, C & D all GREATER than K

Yes Proceed

No STOP, RE-ASSESS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operator _____ name and signature

initial as appropriate

Dogman _____

Client (optional) _____