



**SITE SAFE**

Te Kaitiaki o Haumaru



**Whero (Red)  
Site-Specific  
Safety Plan  
(SSSP)**

This first section is used to establish the type and degree of documentation required. Completing it will help indicate what is essential and what is not required.

## 1 Project name or location

**Write** project name or location of site.

## 2 Outline of work being undertaken

**Write** a brief outline of the scope of work this SSSP relates to.

## 3 Subcontractors

**Tick one** – Will you be using subcontractors for any part of your contracted work?

Yes      No

**Write** the **business name** of any subcontractors being used.


 As evidence of due diligence, retain a copy of your Subcontractor’s SSSP or other agreed evidence before the Subcontractor begins work on this site.

## 4 Significantly Hazardous Activities

**Review** this list and **tick** those that are applicable to your activities.

Excavations less than 1.5m deep	Erection / dismantling scaffolds over 3m
Structural demolition	Asbestos related activities
Structural propping & false-works	Height activities requiring use of harness
Crane lifts	Tower crane erection / dismantling
Confined space entry	Live electrical work
Where tools / materials could fall from height	Work creating, removing or adjacent to penetrations or openings with a fall hazard
Generation of silica dust	Generation of wood dust
Use of products / machinery requiring spill control	Use of highly toxic, eco-toxic, flammable or explosive products, substances or materials
Hot-works, including activities that generate sparks	Lead paint removal or coating
MEWP use (any type)	Work over or adjacent to deep water or other fluids
Operation of plant & machinery	Exposure to processes, equipment or power tools that create vibration
Concrete pumping	Close approach to above or underground services
Generation of noise in excess of 85dB	Use of supplied breathing air
Direct drive nailgun use	Isolated or lone workers
Use of combustion engine in enclosed space	Inexperienced workers or workers of unknown skillset / background
Activities or processes that could effect the public or other workers	Activities or processes which could have an environmental impact
Activities that create risks to eyes, hands or head	Creation of slip, trip, fall hazards
Truck loading and unloading	Work from a swinging-stage or BMU
Work undertaken on steep slopes	Use and / or storage of hazardous products, substances or materials
Manual handling of heavy or repetitive loads	Other

**Record** the ticked items in your Hazard / Risk Register.

- Do not record non-significant hazards in the Hazard / Risk Register.
- This list is not exhaustive. You may record other significant hazards that are not on this list.

## 5 Activities Requiring a Safe Work Plan

The following activities require the development of a Safe Work Plan before the activity is begun.

- Any work requiring a “Particular Hazard Notification” to WorkSafe NZ must have a Safe Work Plan.
- Do not create the Safe Work Plan until it is needed.
- A Safe Work Plan may be one or a combination of the following – Task Analysis, Job Safety Analysis, Safe Work Method Statement, Permit to Work, Safe Operating Procedure (this last must be made relevant to the site and project) or other methods as agreed with PCBU1.
- This list is not exhaustive, you may create Safe Work Plans for high risk situations that are not on this list.

**Check** any activities that will require the development of a Safe Work Plan before the activity is begun.

Operation of heavy plant & machinery	Excavations more than 1.5m deep
Structural demolition	All asbestos related activities
Structural propping & false-works	Height activities requiring use of harness
Crane lifts	Tower crane erection / dismantling
Confined space entry	Live electrical work
Where tools / materials could fall from height	Work creating, removing or adjacent to penetrations or openings with a fall hazard
Generation of silica dust	Generation of wood dust
Use of products / machinery that require spill control	Use and / or storage of hazardous products, substances or materials
Hot-works, including activities that generate sparks	Other

## 6 Notification to WorkSafe NZ

**Tick** below if work activities require notification to WorkSafe NZ?

Yes      No

If “Yes”, **write** any notifiable activities below.

## 7 Onsite communications

How will you be communicating health and safety information and activities to your employees, subcontractors and other PCBU's?

**Tick** requirements and **write** communications frequency

Toolbox talks

Project pre-start briefings

Daily pre-start briefing

Progress meetings

Other

## 8 Self-inspection

We will carry out the following inspections throughout the duration of the project.

**Tick** requirements and **write** communications frequency

Pre-start inspection

Before start, by:

Site inspection

Weekly, on day of week:

Major plant or equipment

Weekly, on day of week:

Vehicles

Weekly, on day of week:

Specialist (MEWP/Cranes)

Weekly, on day of week:

Other

Comment:

## 9 Environmental

Will vehicles or equipment be refuelled onsite?

Yes No

If 'Yes', **write** the mitigation method below.

Will equipment used with concrete or mortar be washed / cleaned onsite?

Yes No

If 'Yes', **write** the mitigation method below.

Could site run-off enter a drain or waterway?

Yes No

If 'Yes', **write** the mitigation method below.

Could noise levels adversely effect those outside of the site?

Yes No

If 'Yes', **write** the mitigation method below.

Will dust be generated that could adversely affect members of the public or other workers in the vicinity?

Yes No

If 'Yes', **write** the mitigation method below.

Will fumes or smoke be generated that could adversely affect members of the public or other workers in the vicinity?

Yes No

If 'Yes', **write** the mitigation method below.

Will waste material or empty product containers be generated?

Yes No

If 'Yes', **write** the mitigation method below.

# Site / Job Hazard and Risk Register

This Site / Job Hazard and Risk Register is used by the contractor (PCBU 2) and relates to **significant** site or job-specific hazards only. **Do not record minor tasks or activities here.**

<b>Potential hazard and / or harm</b> <u>List</u> the more significant hazards that will occur during your activities on site. Where possible, note the potential harm that could arise from these hazards.	<b>Initial risk</b> <u>Evaluate</u> the risk level without controls using the Risk Matrix	<b>Controls</b> <u>Identify</u> your control methods.	<b>Residual risk</b> <u>Re-evaluate</u> the risk level with controls using the Risk Matrix.
1			
2			
3			
4			
5			

# Site / Job Hazard and Risk Register (cont.)

This Site / Job Hazard and Risk Register is used by the contractor (PCBU 2) and relates to **significant** site or job-specific hazards only. **Do not record minor tasks or activities here.**

<b>Potential hazard and / or harm</b> <u>List</u> the more significant hazards that will occur during your activities on site. Where possible, note the potential harm that could arise from these hazards.	<b>Initial risk</b> <u>Evaluate</u> the risk level without controls using the Risk Matrix	<b>Controls</b> <u>Identify</u> your control methods.	<b>Residual risk</b> <u>Re-evaluate</u> the risk level with controls using the Risk Matrix.
6			
7			
8			
9			
10			



# Hazardous Products and Substances Inventory / Register

SSSP Form 3



This form must be returned to the Main Contractor, irrespective of content.

- Hazardous products and substances include glues, resins, solvents, fuels, expanders, adhesives, bonding agents and cleaning agents etc.
- Complete this form for all the materials you will bring onsite.
- You are required to have a Safety Data Sheet (SDS) for every potentially harmful product, substance or material you bring to site.
- Copies of Safety Data Sheets (SDS) must be supplied with this SSSP.
- Extra copies may be printed as required.

Product, substance, or material name	Form – liquid (L) solid (S) gas (G)	Total volume onsite	Location of SDS onsite	UN class & packing group	HSNO approval # & group standard Sec 14-15 of SDS	HSNO classification	Storage location onsite	Special storage requirements Sec 7 & 10 of SDS	PPE requirements Sec 8 of SDS

# Hazardous Products and Substances Inventory / Register (cont.)

SSSP Form 3



Product, substance, or material name	Form – liquid (L) solid (S) gas (G)	Total volume onsite	Location of SDS onsite	UN class & packing group	HSNO approval # & group standard Sec 14-15 of SDS	HSNO classification	Storage location onsite	Special storage requirements Sec 7 & 10 of SDS	PPE requirements Sec 8 of SDS

# Training and Qualification Register

SSSP Form 4

Complete the register for each of your workers who will attending this site, noting only the training, qualification and/or experience **that are relevant to this job.**

First and last name	Key role or tasks on this job	Training and/or qualifications relevant to this job	Training expiry date	No. of years experience
And ID No. (if applicable)	Supervisor H&S Rep First Aid Role	Any Site Safe training, trade and skills training, formal qualifications – certificates, licences, cards, unit standards etc...	Any training expiry dates	Number of years of experience relating to the role or task
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Examples – **EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units).

# Training and Qualification Register (cont.)

SSSP Form 4

First and last name	Key role or tasks on this job	Training and/or qualifications relevant to this job	Training expiry date	No. of years experience
And ID No. (if applicable)	Supervisor H&S Rep First Aid Role	Any Site Safe training, trade and skills training, formal qualifications – certificates, licences, cards, unit standards etc...	Any training expiry dates	Number of years of experience relating to the role or task
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Examples – **EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units).

# Training and Qualification Register (cont.)

SSSP Form 4

First and last name	Key role or tasks on this job	Training and/or qualifications relevant to this job	Training expiry date	No. of years experience
And ID No. (if applicable)	Supervisor H&S Rep First Aid Role	Any Site Safe training, trade and skills training, formal qualifications – certificates, licences, cards, unit standards etc...	Any training expiry dates	Number of years of experience relating to the role or task
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Examples – **EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units).

# Site Inspection Checklist – Generic

SSSP Form 5



Write location

Write the name of the inspector

Time

Date

 /  / 

## 1 Site Control

- a. Hazard board and signage up-to-date
- b. Environmental plan – issues
- c. Toolbox talk last date

 /  / 

- d. Safety inductions for all on site
- e. Safety notice board current

## 2 Site Facilities

- a. Offices clean, adequate & good lighting
- b. Smoko sheds – clean, potable water
- c. Toilets – clean, washing water
- d. Tool/equipment sheds adequate

## 3 General Site Tidiness & Access Ways

- a. Clear, safe access to work areas
- b. Stairways and access ways clear
- c. Hoardings/fence and gates secure
- d. Loose materials secure from wind

## 4 Personal Safety Equipment

- a. Signage displayed and legible
- b. Hardhats being worn
- c. Correct footwear being worn
- d. Glasses/ear muffs/vests/masks used

## 5 First Aid/Fire Prevention

- a. First aid box available
- b. Accident register available
- c. Fire extinguishers available  
Current (12mth)  
Sufficient number
- d. Evacuation procedure current  
All emergencies included

## 6 Cranes/Hoist/Lifting Equipment

- a. Proper lift assessment plan done
- b. Crane certification current
- c. Slings/chains certified
- d. Operator procedures in place
- e. Inspections being done
- f. Man cage available
- g. Emergency plan in place

# Site Inspection Checklist – Generic

SSSP Form 5



## 7 Compressed Air Equipment

- a. In good condition
- b. Appropriate guards fitted
- c. Trained user

## 8 Excavations

- a. Correctly shored and secured

## 9 Welding/Gas Cutting

- a. Hot work permits being issued
- b. Fire extinguishers on hand
- c. Operators using PPE

## 10 Electrical Equipment

- a. Main board lockable/weatherproof
- b. Current tagged and damage-free leads
- c. Current tagged plant
- d. Current tagged lifeguards
- e. Leads safely placed
- f. Equipment in good condition
- g. Appropriate guards on equipment
- h. Adequate temporary lighting

## 11 Chemicals

- a. Correctly stored
- b. Safety Data Sheet (SDS) available
- c. Operators using PPE

## 12 Tools

- a. PAT tool WoF current and secure
- b. Staff trained in tool use (SWPS)
- c. PAT signage on site

## 13 Scaffolding

- a. Notifiable weekly Scafftag/current
- b. Handrails/mid-rails
- c. Toe boards
- d. Platforms
- e. Ladders/stairs
- f. Base sound
- g. Work platforms clear
- h. Platforms trip free
- i. Planks tied down
- j. Headroom clear
- k. Ties/bracing adequate

## 14 Ladders

- a. Good condition
- b. Secured top and bottom
- c. Stays to step ladders
- d. Working 2 steps down

## 15 Fall Hazards

- a. Floor edges / openings
- b. Lift shafts / stairs

# Site Inspection Checklist - Remedial Action Required

SSSP Form 5



Item	Comments/action description	Person to action	Complete





# Site Inspection Checklist - Remedial Action Required (cont.) **SSSP Form 5**

Item	Comments/action description	Person to action	Complete



# Site Inspection Checklist - Remedial Action Required (cont.) **SSSP Form 5**

Item	Comments/action description	Person to action	Complete

# Toolbox Talk Minutes

SSSP Form 6



This document is a companion document to the site inspection checklist.

## 1 Project information

**Tick one** – is this a site-specific or in-house meeting?

Site-specific  In-house

**Write** project name or location of site.

**Write** office location.

**Write** the name of who is running this meeting.

Company

Date

 /  / 

## 2 Agenda items

**Write** the theme of the meeting (topic for focus).

**List** agenda items.

# Toolbox Talk Minutes

SSSP Form 6



## 3 Health and safety issues

Site activities/safe work practices/incident reports and investigations discussed.

Issues raised from site safety inspection	Actions	By who and when

Issues outstanding from previous briefings	Actions	By who and when

Employee-raised issues	Actions	By who and when

Positive safe-action observations	Actions	By who and when

Incidents or injuries	Actions	By who and when

## 4 Job plans reviewed

Includes permits to work, Task Analysis or other documented work-planning process.

Job/task	Action/outcome

# Toolbox Talk Minutes

SSSP Form 6



## 5 Operational issues

Day-to-day site management issues/items for discussion.

Issue	Action

## 6 Other business

Item	Action

## 7 Attendees

Name	Signature

## 8 Review by management

Party 1	Party 2

# Site Emergency Response Plan

SSSP Form 7



**1** In the case of emergency requiring evacuation of the project, either:

**FIRE, EARTHQUAKE, SERIOUS ACCIDENT, STRUCTURAL COLLAPSE, TSUNAMI, EXPLOSION, AVIATION INCIDENT, HAZARDOUS SPILL OR PRACTICE EVACUATION**

The following warning will sound:

**2** If this warning sounds, **SHUT DOWN** all plant and equipment. All personnel on the project are to proceed **IMMEDIATELY** by the **SAFEST IDENTIFIABLE ROUTE** to the **SAFE ASSEMBLY POINT**:

And **REMAIN** there, so **ALL** personnel can be **ACCOUNTED FOR**. **DO NOT RETURN** to the project until the project manager has given the **OFFICIAL CLEARANCE**

Medical facilities located at:

**3** When calling 111, **READ THE FOLLOWING TO THE DISPATCHER**:

We have an emergency at...

We need help from Ambulance / Fire...

Directions to the emergency are...

Our phone number is...

The medical problem seems to be...

**Send someone outside** to meet the emergency services

**4** Emergency telephone numbers:

Dial 111 for: **FIRE, AMBULANCE, POLICE, GAS, CHEMICAL SPILLS**

Phone numbers may differ – check your local directory

HOSPITAL ( )

WORKSAFE NZ (0800) 030 040

CIVIL DEFENCE ( )

POISON CENTRE (0800) 764 766

POWER (Customer Service) ( )

24hr Faults ( )

SAFETY MANAGER IS:

TRAINED FIRST AIDER IS:

FIRST AID KIT AND FIRE EXTINGUISHER LOCATED AT SITE OFFICE OR:

# Incident and Injury Register

SSSP Form 8



All businesses are required to have processes for receiving, recording and evaluating information regarding any incidents or near-miss situations that occur.

Date and time of occurrence	Details	Immediate action taken?	Next steps	Signature and date of signoff
<input type="text"/>	<p style="color: orange; font-size: small;">Name of person (injured or observer), description of incident/near miss, type of injury/disease (if any). How did it happen? (briefly).</p> <input style="width: 100%; height: 100%;" type="text"/>	<p>First aid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Corrective action <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Update/ review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does this incident require a WorkSafe notification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Should this incident be investigated by your company (PCBU 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this incident the subject of a toolbox talk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="text"/>
<input type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<p>First aid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Corrective action <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Update/ review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does this incident require a WorkSafe notification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Should this incident be investigated by your company (PCBU 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this incident the subject of a toolbox talk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="text"/>
<input type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<p>First aid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Corrective action <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Update/ review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does this incident require a WorkSafe notification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Should this incident be investigated by your company (PCBU 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this incident the subject of a toolbox talk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="text"/>

# Incident Investigation and Report

SSSP Form 9



File number:

Hazard entered in register:

## 1 Investigation details

Write investigator name

Signature

Investigation start date

Investigation end date

 /  /  /  / 

## 2 Occurrence details

This report relates to:

Injury/Harm    Property damage    Near-miss

Incident date

Time

 /  / 

Location

Date reported

 /  / 

Person involved

Address

Mr    Mrs    Miss    Ms

Phone number

Length of employment

Age



# Incident Investigation and Report

SSSP Form 9



File number:

## 3 Injury / harm details

**Indicate** the type/s of injuries sustained

<input type="checkbox"/> Crush / Impact	<input type="checkbox"/> Bruising
<input type="checkbox"/> Strain / Sprain	<input type="checkbox"/> Scratch / Abrasion
<input type="checkbox"/> Fracture / Break	<input type="checkbox"/> Amputation
<input type="checkbox"/> Cut / Laceration	<input type="checkbox"/> Burn / Scald
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Foreign body	<input type="checkbox"/> Allergic Reaction
<input type="checkbox"/> Penetration	<input type="checkbox"/> Other (Describe Below)

**Describe** limb/body part affected and the nature of the injury

**Injury severity rating**

- Minor       Moderate       Notifiable injury

**WorkSafe notified?**

- Yes       No

**Injury response**

- Nil       First Aid only       Medical attention       Emergency services

**Comment**

**Outcome**

- Return to work       Alternative duties       Time off

# Incident Investigation and Report

SSSP Form 9



File number:

## 4 Near-miss details

Describe the occurrence

Severity

Significant  Notifiable injury

WorkSafe notified?

Yes  No

## 5 Damage details

Describe the property / item / material damaged

Describe the nature of the damage

Describe the action / object / vehicle / thing involved

# Incident Investigation and Report

SSSP Form 9



File number:

## 6 Incident description

**Describe** what happened - attach additional notes if necessary (attach diagrams - essential for all vehicle incidents)

## 7 Analysis

**Write** about contributing causes (these are the actions or inaction or conditions at the time that triggered the incident)

**Write** about primary causes (these are the system or process failures, planning and / or management failures that allowed the potential for the incident to develop in the first place)

# Incident Investigation and Report

SSSP Form 9



File number:

## 8 Prevention

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?)      By whom      When

--	--	--

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?)      By whom      When

--	--	--

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?)      By whom      When

--	--	--

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?)      By whom      When

--	--	--

## 9 Sign-off

**Signed** for employer

Date signed

		/			/				
--	--	---	--	--	---	--	--	--	--

**Signed** by employee/s

Date signed

		/			/				
--	--	---	--	--	---	--	--	--	--

# Incident Investigation and Report

SSSP Form 9



File number:

## 10 Additional incident notes

# Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

## Task Analysis [TA]

**Tick one** – is a translator required?

Yes  No

**Tick one** – is an Emergency Rescue/Response Plan attached?

Yes  No

Site name

PCBU2 Company Name

PCBU2 Site Contact Information

## Task Analysis sign-on

All workers involved in the task must sign this register to show that they have been consulted in the processes and will work to the requirements of this TA.

Worker Name	Worker signature

Worker Name	Worker signature

Works Supervisor Name	Works Supervisor signature

## Work method statement

**Describe** the activity and how it will be carried out. Where possible, **identify** the individuals who will be carrying out the task/s and their roles in it.











# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

- 
- 
- 
- 
- 
- 
- 
- 
- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

### Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 1	1a				
	1b				
	1c				
	1d				











# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

- 
- 
- 
- 
- 
- 
- 
- 
- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

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Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

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What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 2	2a				
	2b				
	2c				
	2d				













# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

- 
- 
- 
- 
- 
- 
- 
- 
- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

### Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 3	3a				
	3b				
	3c				
	3d				



# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

- 
- 
- 
- 
- 
- 
- 
- 
- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

### Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 4	4a				
	4b				
	4c				
	4d				











# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

- 
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- 
- 
- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

### Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 5	5a				
	5b				
	5c				
	5d				











# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

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- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

### Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 6	6a				
	6b				
	6c				
	6d				











# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

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- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

### Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 7	7a				
	7b				
	7c				
	7d				











# Task Analysis [TA] + Emergency Rescue / Response Plan

## Task Analysis [TA]

### Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

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- 
- Other

### Sequence of basic steps

### Potential hazards and risks

### Initial risk

### Control methods and level of control

### Hierarchy of Control Level

### Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Step 8	8a				
	8b				
	8c				
	8d				



# Task Analysis [TA] + Emergency Rescue / Response Plan

## Using the Risk Assessment Matrix and Hierarchy of Controls

Risk Assessment Matrix		CONSIDER THE LIKELIHOOD OF A HAZARDOUS EVENT OCCURRING				
		Very unlikely to happen	Unlikely to happen	Possibly could happen	Likely to happen	Very likely to happen
CONSIDER THE SEVERITY OF INJURY/ILLNESS	Catastrophic (e.g fatal)	Moderate	Moderate	High	Critical	Critical
	Major (e.g Permanent Disability)	Low	Moderate	Moderate	High	Critical
	Moderate (e.g Hospitalisation/Short or Long Term Disability)	Low	Moderate	Moderate	Moderate	High
	Minor (e.g First Aid)	Very Low	Low	Moderate	Moderate	Moderate
	Superficial (e.g No Treatment Required)	Very Low	Very Low	Low	Low	Moderate

1. Determine risk by identifying the potential harm (horizontal rows).
2. Then choose the most realistic likelihood (vertical columns)
3. Where the two converge is the "Risk Level" for that situation.
4. Use the Control Hierarchy to guide the selection of control methods that will be applied
5. The risk level after controls MUST be significantly lower than the risk level without controls.
6. If the controls do not provide an acceptable level of risk reduction, the risk process must be repeated until the level is safe.
7. If the hazard itself cannot be completely removed (Elimination) then the focus must be on reducing severity or decreasing likelihood (or both) so as to reduce the risk level from what it originally was.
8. If the risk level cannot be sufficiently reduced, the entire activity must be reviewed and replanned until a safer alternative methodology is devised.

### Hierarchy of controls

Most Effective ↓ Least Effective	<b>ELIMINATE:</b>		
	1	<b>Eliminate the hazard</b> remove it completely from your workplace. <span style="float: right; font-size: small;">If this isn't reasonably practicable, then...</span>	
	<b>MINIMISE:</b>		
	2	<b>Substitute the hazard</b> (wholly or partly) with a safer alternative <b>Isolate the hazard</b> using physical barriers, time or distance <b>Use engineering controls</b> adapt tools or equipment to reduce the risk <span style="float: right; font-size: small;">Minimise the risk, so far as reasonably practicable, by taking 1 or more of these actions that is the most appropriate</span>	
3	<b>Use administrative controls</b> develop methods of work, processes and procedures <span style="float: right; font-size: small;">If a risk then remains, you must minimise the remaining risk, so far as reasonably practicable</span>	4	<b>Use personal protective equipment (PPE)</b> this is the last option after you have considered all the other options for your workplace <span style="float: right; font-size: small;">If a risk then remains, you must minimise the remaining risk by using PPE</span>

1. Applying the control hierarchy is the required method to provide an effective control to a hazard or high risk situation.
2. The most effective solutions are in sections 1 & 2 of the list. The reason they are effective is because they deal directly with the problem.
3. The least effective (sections 3 & 4) are weaker solutions because they rely heavily on people remembering to do something.
4. Neither section 3 or 4 should be used in isolation. On their own, neither of these have any effect on the actual problem.
5. Ultimately the solution should be a combination of sections 1 & 2 with assistance from sections 3 & 4.
6. Note that elimination does not necessarily mean eliminate the entire hazard, although that would be preferable. Elimination of parts of the problem may still significantly reduce the overall risk level. Consider the severity of injury/illness

Date

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Company



**SITESAFE**  
Te Kaitiaki o Haumarū

SSSP Form 10

# Task Analysis [TA] + Emergency Rescue / Response Plan

## Emergency Rescue/Response Plan

You need to have a response plan to deal with any incidents that may require a rescue or containment or other emergency response as identified in the Site-Specific Safety Plan Agreement. **Please complete an Emergency Rescue/Response Plan for each identified activity.** The subcontractor (PCBU 2) completes the plan, which does not replace any overarching Emergency Rescue/Response Plans put in place by the Main Contractor (PCBU 1). Consider the roles and responsibilities for yourself, trained specialists, equipment operators, and emergency services.

**Describe type of emergency** e.g. Fall from height while wearing a harness

**Location**

**Describe work activity** e.g. Working from MEWP and fall off

**Main Contractor/Principal**

**Company**

**Describe the rescue method** e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground

**Supervisor**

**Date**

		/			/				
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**List any equipment required** e.g. MEWP, cherry picker, scissor lift, ladder, breathing apparatus etc.

**Name each person involved in the response**  
First name and last name

**Their role or responsibility in the response is to**  
e.g. release the bleed valve

**List the training required**  
e.g. competence using MEWP

**Provide contact details**  
Phone number

Name each person involved in the response First name and last name	Their role or responsibility in the response is to e.g. release the bleed valve	List the training required e.g. competence using MEWP	Provide contact details Phone number





**SITE SAFE**

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