

ASSET OPERATIONS SPORTING / COMMUNITY CLUB REQUESTS

Please complete form and forward to: maintenance@playford.sa.gov.au

Or post to: Asset Operations, 12 Bishopstone Road, Davoren Park SA 5113

Building Maintenance, Security & Key Requests

WORK ORDER NUMBER:

BM

Date:

For Emergency Calls After Hours, please call 8256 0333 (24 hour service)

Section 1 : Applicant Details *(Please print all details clearly)*

Full Name:

Contact Details:

Sporting Club / Community Organisation:

Section 2 : Nature of Works / Location Details *(Please print all details clearly)*

Location:

Details of Work Required / Request:

Date Required by:

Signed:

Print Name:

Asset Operations Use Only

Issued to: _____ Work Completed By: _____
Identify if Contractor then go to finish date

Start Time: Finish Time: Finish Date:

Work Ongoing Yes No

Work Identified as Project Yes No

Additional Notes:



ASSET OPERATIONS

SPORTING / COMMUNITY CLUB REQUESTS

JOB SAFETY ANALYSIS

Scope of Works:

The breakdown of a job, sequential steps and the identification of any hazards associated with these steps and the corresponding control measures.

STEP 1 : Hazards

General Worksite Conditions

<input type="checkbox"/> Uneven / Broken / Soft / Slippery Ground	<input type="checkbox"/> Dust / Vapours / Fumes / Smells	<input type="checkbox"/> Poor Communication / Lone Worker
<input type="checkbox"/> Rubbish / Building Material / Shrubs / Trees	<input type="checkbox"/> Insects / Animals / Vermin	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Moving Traffic / Plant / Machinery	<input type="checkbox"/> Noise eg, Machinery / Plant / Power Tools	<input type="checkbox"/> Confined Space Work
<input type="checkbox"/> Overhead Wires / Pipe Work / Structures	<input type="checkbox"/> Weather Conditions / Sun/ Wind / Rain / Heat	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Pressurised Water / Air / Hydraulic Pipelines / Hoses	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Fire / Explosion Hazard
<input type="checkbox"/> Toxic Chemicals / Materials (eg, asbestos/PVC primer)		

Using Tools and Equipment

- Damaged / Defective / Unsuitable Hand Tools for the Job Incorrect Use of Tools / Equipment (eg, wrong tools)

General Manual Handling

<input type="checkbox"/> Exiting High Vehicles (eg, from Tray Area or Cab)	<input type="checkbox"/> Lifting / Carrying Heavy materials & equipment	<input type="checkbox"/> Working in Restricted Spaces
<input type="checkbox"/> Bending / Stretching / Pushing / Pulling	<input type="checkbox"/> Splinters (wood / metal / concrete)	<input type="checkbox"/> Working at Heights
<input type="checkbox"/> Climbing Ladders / Scaffolding		

Other

<input type="checkbox"/> Other, eg, Sharp Objects, etc.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 : Assessing the Risk

Please define the level of risk using the Risk Assessment Matrix, L, M, H or E rating in the space provided (L= Low, M= Moderate, H = High, E = Extremely High)

Tasks

<input type="checkbox"/> Slipping / Tripping	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Being struck by Vehicle / Plant
<input type="checkbox"/> Falling	<input type="checkbox"/> Caught up with (eg, Cables / Wires / Objects)	<input type="checkbox"/> Being struck by flying debris / etc
<input type="checkbox"/> Over-exerting / Straining (back / neck/ shoulders)	<input type="checkbox"/> Stress (eg, dealing with customers)	<input type="checkbox"/> Overcome by Toxic (unclean area)
<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Being bitten or stung	<input type="checkbox"/> Heat Exhaustion/ Sunburn / Cold / Wet
<input type="checkbox"/> Machinery Starting Automatically (pumps / motors)	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Being struck by Tools / Equipment
<input type="checkbox"/> Contact with Chemicals (toxic material)		

STEP 3 : Assign Appropriate Controls

Wear Necessary PPE

Safety / Sun Hat	Safety Boots & Vest	Gloves	Harness	Eye / Face Protection	Ear Protection	Dust Mask	Back Brace

Controls

Use Safe Entry / Exit Route	Use Mobile Phone	Control Traffic (eg, signs / barriers / direct)	Apply Bunting where applicable
Follow instructions on MSDS	Walk with Care	Wear Harness where applicable	Isolate Power
Use Silenced Equipment	Safety Equipment on-site	Complete Confined Space Entry Permit	Isolate other Services (water / gas)
Install Pedestrian Warning Signs	Install Platform / Staging	Removal of asbestos by Licensed Contractor	Erect and Secure Ladders
Use Insect Repellent	Use Natural or Forced Ventilation	No Smoking / Naked Flames / Lights	Install Lights
Use Sunscreen	Check Equipment	Use Proper Lifting Techniques / Lifting Aids	

NOTES:

STEP 4 : Verification

This section is to be signed by all personnel on site who have been made aware of hazards and risks identified and the controls to be implemented.

This includes all sub-contractors, visitors and clients to the worksite.

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____