Risk Control Plan

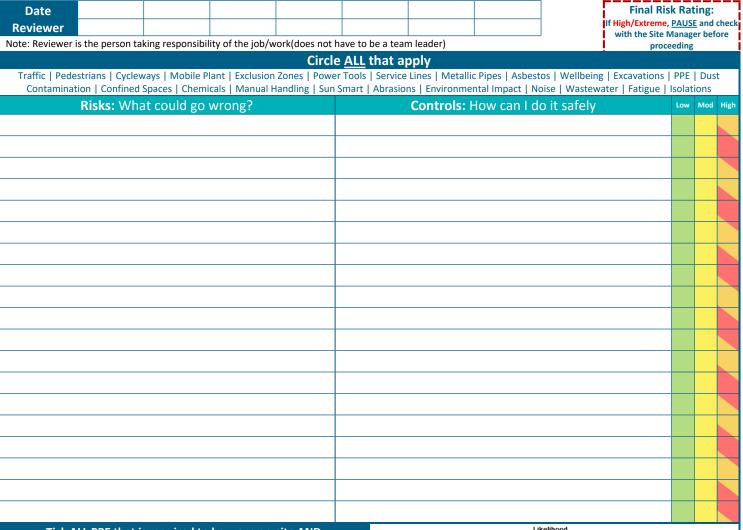
STANDARD WWL TEMPLATE Note: For use on standard WWL activities, see different template for WWL Treatment Plant activities Wellington Water

Date: Today's Date Site: Address / Location Person in charge of site: Name & Number STMS: Name & Number First Aider(s): Name & Number First Aid Kit: Location Emergency Contact: Name & Number Nearest Hospital //Medical Centre: Address / Location Firet Equipment: Location Maximo Number: Job Number Job Number Address / Location Confirm: Address / Location Spill Kit & Location Maximo Number: Job Number Job Number Address / Location Confirm: Address / Location Confirm: Site: Address / Location Nearest Hospital //Medical Centre: Address / Location Address / Location Confirm: Maximo Number: Job Number Job Number Address / Location Address / Location Address / Location Init Maximo Number: Job Number Job Number Address / Location Address / Location Init Site: Address / Location Nearest Hospital //Medical Centre: Address / Location Init Maximo Number: Job Number Job Number Address / Location Init Site: Address / Location Nearest Hospital //Medical Centre: Address / Location Init Maximo Number: Job Number Job Number Address / Location Init Site: Address / Location Nearest Hospital //Medical Centre: Address / Location Init Maximo Number: Job Number Job Number Assembly point:		is for standard	activities, it must	be reviewed	daily, and when tasks or	activities	change			Water	
Emergency Contact: Name & Number Nearest Hospital /Medical Centre: Address / Location Fire Equipment: Location Maximo Number: Job Number Assembly Point: Address / Location Spill Rt & Chemical Inventory: Confirm Accessmin Maximo Number: Job Number: Job Number Assembly Point: Address / Location Confirm Accessmin Maximo Number: Job Number Job Number Assembly Point: Address / Location Confirm Accessmin Site: Address / Location Nearest Hospital /Medical Centre: Address / Location Internation Maximo Number: Job Number Assembly Point: Address / Location Internation Site: Address / Location Nearest Hospital /Medical Centre: Address / Location Internation Maximo Number: Job Number Assembly Point: Address / Location Internation Maximo Number: Job Number Assembly Point: Address / Location Internation Maximo Number: Job Number Assembly Point: Address / Location Internation Maximo Number: Job Number Assembly Point: Address / Location Internation Maximo Number: Job Number Assembly Point: Address / Location Internation <	Date:								-		
Contact Number Modelar Centre Address / Location First Equipment Contact Number Idd Number Address / Location Split Hits Contact	STMS:	Name & Nu	mber		First Aider(s):	Name	& Number		First Aid Kit:	Location	
Name Job Rumbler Assembly Point: Address / Location Conform Chemical Inventory Conform Control takimo Number: Job Rumbler Address / Cocation Address / Location Address / Location Interview takimo Number: Job Number Address / Location Narest Hospital Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview takimo Number: Job Number Assembly point: Address / Location Interview		Name & Nu	mber			Addres	s / Location		Fire Equipment:	Location	
Address for SAME TASK - only if task does NOT require any permit/checklist Assessm taximo Number: Job Number Assembly point: Address / Location Initiation Number: Initiation Number: Address / Location Initiation Number: Initiation Number: Initiation Number: Initiation Number: Initiation Number: Initiation Number: Initiatiatiatiation Number: Initiation Number: <td>Maximo</td> <td>Job Number</td> <td>-</td> <td></td> <td>Assembly Point:</td> <td>Addres</td> <th>s / Location</th> <td></td> <th></th> <td>Location</td> <td></td>	Maximo	Job Number	-		Assembly Point:	Addres	s / Location			Location	
taximo Number: Job Number Assembly point: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Address / Location Init te: Address / Location Nearest Hospital /Medical Centre: Reg rigging and Excavation Paperwork Reg Reg inging a net regulared // digging, penetraing, or excavating deeper than 150mm Reg Reg orking at Heights Palestraint or fail arrest equiprent is regulared to be used Reg orking at Heights Norking fam aldeer for longer than 10mm accupancy, plus any: Specie lendod vork Checklist required if: Specie lendod vork Checklist required if: Specie lendod vorking whether encing of regret an 10mm accupancy,		А	dditional Sit	es for <u>S</u> A	ME TASK - only if	f task d	oes NOT requir	e any perm	nit/checklist		
Intel Address / Location Intel Address / Location Address / Location Intel Address / Location Nearest Hospital Address / Location Itel: Address / Location Nearest Hospital Ite: Address / Location Nearest Hospital Address / Location Nearest Hospital Medical Centre: Address / Location Int Ite: Address / Location Nearest Hospital Medical Centre: Address / Location Int Ite: Address / Location Int Vorking at Height Digging and Excavation fermit - N2 required ff. Digging penetrating, or excavating deeper than 150mm Vorking at Height Controls benching, boting consultation of non required th: Excavation for a load for longer than 150mm Vorking at Height Controls benching bacter Required th: Space Entry Of & Hazardous	/laximo Nun	nber: Job N	umber				Assembly point:	Address / Lo	cation		
ataimo Number: Job Number Assembly point: Address / Location Initiation Number: Address / Location Initiation takimo Number: Job Number Assembly point: Address / Location Initiation Init	ite: Addre	ess / Locatior	1					Address / Lo	cation		
Itel: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Iob Number Assembly point: Address / Location Initial faximo Number: Digging and Excavation Permit - N2 required If: Medical Centre: Tidd faximo Section 2 is required if: Digging and Excavation falling for falling for, falli	laximo Nun	nber: Job N	umber				-	Address / Lo	cation		Initia
Jaximo Number: Job Number Assembly point: Address / Location ite: Address / Location Marest Hospital /Medical Centre: Address / Location Initial faximo Number: Job Number Assembly point: Address / Location Initial faximo Number: Job Number Assembly point: Address / Location Initial faximo Number: Job Number Address / Location Initial ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initial ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initial iteging and Excavation Permits Section 21s required if: Obigging, penetrating, or excavating deeper than 150mm Permits Section 21s required if: Norking at Heights Initial Form, falling between levels, falling from, falling off, or falling in Imit Fall restraint or fall arrest equipment is required the used Imit Imit Section 21s for falling in Imit Imit Section 21s for falling form, falling off, or falling in Imit Imit <td< td=""><td>ite: Addre</td><td>ess / Locatior</td><td>1</td><td></td><td></td><td></td><th></th><td>Address / Lo</td><th>cation</th><td></td><td>-</td></td<>	ite: Addre	ess / Locatior	1					Address / Lo	cation		-
ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initiality taximo Number: Job Number Assembly point: Address / Location Initiality te: Address / Location Nearest Hospital /Medical Centre: Address / Location Initiality ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initiality ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initiality ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initiality ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initiality ite: Address / Location Nearest Hospital /Medical Centre: Address / Location Initiality ite: Ite: Digging and Excavation Permit - NZ required if: Nearest Hospital /Medical Centre: Ite: vorking at Heights Ontrols: Shift Ask of falling - falling in falling off, or falling in fall centre: Ite: Ite: vorking at Heights Height Work Controlled Work Checklist required if: Controls: benching, batering, shoring, excavation covers, solid barriers, cone barrier orms, marked exclusion zones Ite: of & Hazardous Het Work Controlled Work Checklist required if:	laximo Nun	nber: Job N	umber					Address / Lo	cation		Initia
Aaximo Number: Job Number Assembly point: Address / Location Initi Aaximo Number: Job Number Assembly point: Address / Location Initi Address / Location Nearest Hospital //Medical Centre: Address / Location Initi Digging and Excavation Permit - NZ required if: Digging, penetrating, or excavating deeper than 150mm Permit Section 2 is required if digning, penetrating, or excavating deeper than 1.5m and Worksafe notification Imit Section 2 is required if digning, penetrating, or excavating deeper than 1.5m and Worksafe notification Vorking at Heights Fall restration of all arrest equipment is required to be used Imit Section 2 is required if digning, excavation covers, solid barriers, cone barrier arms, marked exclusion zones Imit Section 2 is required to digning, excavation covers, solid barriers, cone barrier arms, marked exclusion zones tot & Hazardous Hot Work Controlled Work Checklist required if: Imit Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any: Imit Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any: Imit Space is enclosed or partially enclosed covers, solid during ing or exploiding Imit Space is enclosed or partially enclosed covers, solid during or exploiding Imit Space Spac							Nearest Hospital				_
itte: Address / Location Nearest Hospital /Medical Centre: Address / Location Initi Tech Requirement Digging and Excavation Digging and Excavation Digging, and Excavation Digging, penetrating, or excavating deeper than 150mm Permit Section 2 is required if digging, penetrating, or excavating deeper than 150mm Permit Section 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksge notification Image: Controls Section 2 is required if: Working at Height Controlled Work Checklist required if: There is a high risk of falling - falling between levels, falling from, falling off, or falling in Fall restraint or fall arrest equipment is required to be used Working at Height Controlled Work Checklist required if: Working on Ladder for longer than 10mins above 1.5m Controls: benching, battering, shoring, excavation covers, solid barriers, cone barrier arms, marked exclusion zones Image: Controls Controls Controls Controls of an avger on concentration outside as a row orgen range Boomfined Space Entry Neisk of airborne contaminants that may cause impairment or loss of consciousness Image: Controls of an owgen concentration outside as a conceptioning Subsetos Work Specialised Abbetsos PPE and Abbetsos controls documented in Risk Assessment required if: Neisk of sufficience is required if removing any asbetsos, or absetsos containing materials up to 10m2 over entire project Closs & Abbetsos PPE and Abbetsos controls documented in Risk Assessment required if: Working within 4m of overhead powerlines Prior written consent of the owner required if: Working within 5m of a power pole Subsetos Work Excavating deeper than 300mw within 2.2 m of a power	/aximo Nun	nber: Job N	umber				-	Address / Lo	cation		Initia
Image: Paperwork Tick Paperwork Required Digging and Excavation Digging, penetrating, or excavating deeper than 150mm Permit Section 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksafe notification Image: Permit Section 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksafe notification Working at Height Controlled Work Checklist required if: There is high risk of falling - falling between levels, falling from, falling off, or falling in Image: Permit required to be used Working at Height Controlled Work Checklist required if: There is high risk of falling - falling between levels, falling from, falling off, or falling in Image: Permit required if: Ktmosphere Work Doing work that creates a risk of ignition from sparks or heat Image: Permit required if: Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any: Isis of an oxygen concentration outside safe oxygen range Image: Permit required if: Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any: Isis of airborne contaminants that may cause impairment or loss of consciousness Image: Permit required if: Space is enclosed or partially enclosed controls documented in Risk Assessment required if: Specialised Asbestos PE and Asbestos controls documented in Risk Assessment required if: Image: Prior written consent of the owner required if:							Nearest Hospital				-
Digging and Excavation Digging, and Excavation Permit - NZ required if: Digging, penetrating, or excavating deeper than 150mm Permit Section 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksofe notification Image: Control 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksofe notification Vorking at Heights There is a high risk of falling - falling between levels, falling from, falling off, or falling in • Fall restraint or fall arrest equipment is required to be used Working from a ladder for longer than 10mis above 1.5m Controls: benching, battering, shoring, excavation covers, solid barriers, cone barrier arms, marked exclusion zones Image: Control 2 is required if: • Working from a ladder for longer than 10mis above 1.5m Controls: benching, battering, shoring, excavation covers, solid barriers, cone barrier arms, marked exclusion zones thot Work Controlled Work Checklist required if: • Doing work that creates a risk of ignition from sparks or heat wellington Water Confined Space Permit required if: Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any: • Risk of airborne contaminant igniting or exploding • Risk of sufforcation or drowning from a stored free flowing solid or a liquid rising <i>E.g. Working in a manhole or wet well</i> Specialised Asbestos PPE and Asbestos controls documented in Risk Assessment required if: subsets Work		2007 200000						710010357120	cation		Initia Tick
igging and Excavation Digging, penetrating, or excavating deeper than 150mm Permit Section 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksafe notification Permit Section 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksafe notification There is a high risk of falling - falling between levels, falling from, falling off, or falling in Fall restraint or fall arcst equipment is required to be used Working at the ladder for longer than 10mins above 1.5m Controls: benching, battering, shoring, excavation covers, solid barriers, cone barrier arms, marked exclusion zones Ot & Hazardous Hot Work Controlled Work Checklist required if: Doing work that creates a risk of ignition from sparks or heat Wellington Water Confined Space Permit required if: Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any: Risk of airborne contaminants that may cause impairment or loss of consciousness Risk of suffocation or drowning from a stored free flowing solid or a liquid rising E.g Working in a manhole or wet well Specialized Asbestos PEP and Asbestos controls documented in Risk Assessment required if: The work involves disturbing or removing any asbestos, or asbestos containing materials up to 10m2 over entire project Class B Asbestos Liecnec is required if removing greater than 10m2 Working within 4m of overhead powerplines Excavating deeper than 300mm within 2.2 m of a power pole Excavating deeper tha						aperw	UIK				Requi
Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any:• Risk of an oxygen concentration outside safe oxygen range• Risk of airborne contaminants that may cause impairment or loss of consciousness• Risk of filammable airborne contaminant igniting or exploding• Risk of suffocation or drowning from a stored free flowing solid or a liquid risingE.g. Working in a manhole or wet wellsbestos WorkSpecialised Asbestos PPE and Asbestos controls documented in Risk Assessment required if:• The work involves disturbing or removing any asbestos, or asbestos containing materials up to 10m2 over entire projectClass B Asbestos Licence is required if removing greater than 10m2Prior written consent of the owner required if:• Working within 4m of overhead powerlines• Excavating deeper than 750 mm within 5 m of a power pole• Excavating deeper than 300mm within 2.2 m of a power pole• Call the Wellington Water HUB: 04 912 4400 or Wellington Electricity: 0800 248 148prinking WaterontaminationBreaching or exposing any part of the drinking water network• Breaching or exposing any part of the drinking water network			Controls: bench Hot Work Cont Doi	ning, batter rolled Worl	ing, shoring, excavation < <u>Checklist</u> required if: at creates a risk of igniti	ion from	olid barriers, cone bo	arrier arms, ma	rked exclusion zones		
Specialised Asbestos PPE and Asbestos controls documented in Risk Assessment required if: The work involves disturbing or removing any asbestos, or asbestos containing materials up to 10m2 over entire project Class B Asbestos Licence is required if removing greater than 10m2 Prior written consent of the owner required if: Working within 4 m of overhead powerlines Excavating deeper than 750 mm within 5 m of a power pole Excavating deeper than 300mm within 2.2 m of a power pole Excavating deeper than 300mm within 2.2 m of a power pole Call the Wellington Water HUB: 04 912 4400 or Wellington Electricity: 0800 248 148 Disinfection of Drinking Water Network Repairs SOP required if:	Confined Spa	ace Entry	Space is enclos Risl Risl Risl Risl Risl	ed or partia k of an oxyg k of airborn k of flamma k of suffoca	ally enclosed and not int gen concentration outsi e contaminants that ma able airborne contamina tion or drowning from a	tended o de safe o ay cause ant ignitir	xygen range impairment or loss of ng or exploding	f consciousness			
• Working within 4m of overhead powerlines • Excavating within 4m of overhead powerlines • Excavating deeper than 750 mm within 5 m of a power pole • Excavating deeper than 300mm within 2.2 m of a power pole • Call the Wellington Water HUB: 04 912 4400 or Wellington Electricity: 0800 248 148 Disinfection of Drinking Water Network Repairs SOP required if: • Completing repairs within the drinking water network • Breaching or exposing any part of the drinking water network	Asbestos Wo	ork	Specialised Asb The Class B Asbesto	estos PPE a work invo s Licence is	and <u>Asbestos controls d</u> lves disturbing or remov required if removing gr	ving any a	asbestos, or asbestos		terials up to 10m2 over	r entire project	
Disinfection of Drinking Water Network Repairs SOP required if: Orinking Water Completing repairs within the drinking water network Domestion Breaching or exposing any part of the drinking water network	Close Approa	ach	 Wo Exc Exc 	orking withi avating dee avating dee	n 4m of overhead powe oper than 750 mm withi oper than 300mm withi	n 5 m of n 2.2 m o	f a power pole	3 148_			
Task: What am I doing? What is the plan for the day?	-		ComBrea	pleting rep iching or ex suspected o	airs within the drinking posing any part of the d or potential drinking wa	water ne Irinking v ter conta	twork /ater network mination				

Take 5 & think about your work - Assess the job/site, Analyse the risks, Take action What am I doing? What could go wrong? How could I make it safer? Discuss with everyone Consider everyone's wellbeing - Are you fit for work? Is everyone else?

Risk Assessment

Review of the controls is required minimum daily(max 7 days)



Tick <u>ALL</u> PPE that is required to be worn on-site AND <u>ALL</u> PPE that is required to be available on-site for specific tasks



	Likelihood								
	Category	Rare 1	Highly Unlikely 2	Unlikely 3	Possible 4	Likely 5			
	Substantial 100	Moderate (100) - 15	High (500) - 19	High (1000) - 22	Extreme (5000) - 24	Extreme (10000) - 25			
nce	Major 70	Moderate (50) - 10	Moderate (250) - 14	High (500) - 18	High (2500) - 21	Extreme (5000) - 23			
Consequence	Moderate 40	Low (10) - 6	Moderate (50) - 9	Moderate (100) - 13	Moderate (500) - 17	High (1000) - 20			
0	Minor 10	Low (5) - 3	Low (25) - 5	Low (50) - 8	Low (250) - 12	Low (500) - 16			
	Minimal 1	Low (1) - 1	Low (5) - 2	Low (10) - 4	Low (50) - 7	Low (100) - 11			

Wellington

ater

			d, and signed below befo AUSE and check with Site Man			
Full Name	Date	Time IN OUT	Phone Number	Aware of the Risks?	Wearing PPE? Si	nature
	//					
	//					
	/ /					
	//					
	//					
	//					