

Risk Control Plan

STANDARD WWL TEMPLATE

Note: For use on standard WWL activities, see different template for WWL Treatment Plant activities



This document is for standard activities, it must be reviewed daily, and when tasks or activities change

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		Fire Equipment:	Location
Maximo Number:	Job Number	Assembly Point:	Address / Location		Spill Kit & Chemical Inventory:	Location

Additional Sites for SAME TASK - only if task does NOT require any permit/checklist

Confirm Risk Assessment

Maximo Number:	Job Number	Assembly point:	Address / Location		Initials
Site:	Address / Location		Nearest Hospital /Medical Centre:	Address / Location	
Maximo Number:	Job Number	Assembly point:	Address / Location		Initials
Site:	Address / Location		Nearest Hospital /Medical Centre:	Address / Location	
Maximo Number:	Job Number	Assembly point:	Address / Location		Initials
Site:	Address / Location		Nearest Hospital /Medical Centre:	Address / Location	
Maximo Number:	Job Number	Assembly point:	Address / Location		Initials
Site:	Address / Location		Nearest Hospital /Medical Centre:	Address / Location	

Paperwork

Tick All Required

Digging and Excavation	<p><u>Digging and Excavation Permit - NZ</u> required if:</p> <ul style="list-style-type: none"> ▪ Digging, penetrating, or excavating deeper than 150mm <p><i>Permit Section 2 is required if digging, penetrating, or excavating deeper than 1.5m and Worksafe notification</i></p>	<input type="checkbox"/>
Working at Heights	<p><u>Working at Height Controlled Work Checklist</u> required if:</p> <ul style="list-style-type: none"> ▪ There is a <i>high</i> 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 10mins above 1.5m <p><i>Controls: benching, battering, shoring, excavation covers, solid barriers, cone barrier arms, marked exclusion zones</i></p>	<input type="checkbox"/>
Hot & Hazardous Atmosphere Work	<p><u>Hot Work Controlled Work Checklist</u> required if:</p> <ul style="list-style-type: none"> ▪ Doing work that creates a risk of ignition from sparks or heat 	<input type="checkbox"/>
Confined Space Entry	<p><u>Wellington Water Confined Space Permit</u> required if:</p> <p>Space is enclosed or partially enclosed and not intended or designed for human occupancy, plus any:</p> <ul style="list-style-type: none"> ▪ Risk of an oxygen concentration outside safe oxygen range ▪ Risk of airborne contaminants that may cause impairment or loss of consciousness ▪ Risk of flammable airborne contaminant igniting or exploding ▪ Risk of suffocation or drowning from a stored free flowing solid or a liquid rising <p><i>E.g Working in a manhole or wet well</i></p>	<input type="checkbox"/>
Asbestos Work	<p><u>Specialised Asbestos PPE and Asbestos controls documented in Risk Assessment</u> required if:</p> <ul style="list-style-type: none"> ▪ The work involves disturbing or removing any asbestos, or asbestos containing materials up to 10m2 over entire project <p><i>Class B Asbestos Licence is required if removing greater than 10m2</i></p>	<input type="checkbox"/>
Close Approach	<p><u>Prior written consent of the owner</u> required if:</p> <ul style="list-style-type: none"> ▪ 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 <p><i>Call the Wellington Water HUB: 04 912 4400 or Wellington Electricity: 0800 248 148</i></p>	<input type="checkbox"/>
Drinking Water Contamination	<p><u>Disinfection of Drinking Water Network Repairs SOP</u> required if:</p> <ul style="list-style-type: none"> ▪ Completing repairs within the drinking water network ▪ Breaching or exposing any part of the drinking water network ▪ Any suspected or potential drinking water contamination 	<input type="checkbox"/>

Task: What am I doing? What is the plan for the day?

TTM setup, Establishing site, Excavating, Reinstating, Using power tools/plant/equipment, Performing repairs/replace/removal/installation, Wearing short sleeves, Asbestos works, Working on uneven/sloped, Site handover, Isolating water supply, etc.



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)


Date								
Reviewer								


Final Risk Rating:
 If High/Extreme, PAUSE and check with the Site Manager before proceeding


Note: Reviewer is the person taking responsibility of the job/work(does not have to be a team leader)


Circle ALL that apply				
Traffic Pedestrians Cycleways Mobile Plant Exclusion Zones Power Tools Service Lines Metallic Pipes Asbestos Wellbeing Excavations PPE Dust Contamination Confined Spaces Chemicals Manual Handling Sun Smart Abrasions Environmental Impact Noise Wastewater Fatigue Isolations				
Risks: What could go wrong?	Controls: How can I do it safely?	Low	Mod	High


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
































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

Have you... Read, understood, and signed below before starting work?
 If you answered NO to any questions PAUSE and check with Site Manager / your Team Leader

Full Name	Date	Time		Phone Number	Aware of the Risks?	Inducted?	Wearing PPE?	Signature
		IN	OUT					
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