

# UNPROTECTED EDGE RISK CONTROL AUTHORISATION



**PRIOR TO COMMENCING WORK.**

<b>1. Applicant:</b>	<b>Work Location:</b>

**2. Task to be Performed:**

<b>3. Proposed Commencement of Work:</b>		<b>Expected Completion of Work:</b>	
Time ____:____AM/PM	Date ____/____/____	Time ____:____AM/PM	Date ____/____/____

**4. Safety Equipment, Barricades (Solid) and/or Barriers (Soft) required : (attach a sketch of requirements if necessary)**  
Consider Fall Risk to Work Team, Fall Risk to others in Vicinity and Risk of Falling Objects. Tag all Barricades / Barriers.

**5. Applicants Preparation and Briefing Procedure:**

<input type="checkbox"/> Barricades/ Barriers and safety equipment in place	<input type="checkbox"/> Personnel nominated to access restricted area	<input type="checkbox"/> Briefing of Risk Controls completed
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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant

**6. Supervisors Approval:**

<input type="checkbox"/> Inspected Work Site	<input type="checkbox"/> Reviewed Risk Controls	<input type="checkbox"/> Checked Safety Procedures
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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor

**7. Safety Officer/Safety Representatives Endorsement:**

<input type="checkbox"/> Inspected Work Site	<input type="checkbox"/> Reviewed Risk Controls	<input type="checkbox"/> Checked Safety Procedures
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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Safety Officer / Safety Representative

**ON COMPLETION OF WORK.**

**8. Supervisors Reinstatement and Review Procedure:**

<input type="checkbox"/> Normal conditions reinstated	<input type="checkbox"/> Barricades/ Barriers and safety equipment removed
<input type="checkbox"/> Review the Work to Design Out Hazard	<input type="checkbox"/> Action Recommended : - _____

Work Order No:-

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor

**9. OH&S Section Review Procedure:**

<input type="checkbox"/> Review the Work to Design Out Hazard	<input type="checkbox"/> Action Recommended : - _____
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Work Order No:-

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

OH&S Section Officer

**10. Filing and Stanwell Corporation Mechanical RPEQ Review Procedure:**

<input type="checkbox"/> Original forwarded to Records File WHS/56	<input type="checkbox"/> Copy forwarded to Stanwell Corp Mechanical RPEQ.
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