



Assess the Effectiveness of your Hazard Identification and Management System

| Hazard Identification | Yes | No | Unsure |
|---|--------------------------|--------------------------|--------------------------|
| Do you undertake systematic identification and review of existing and new hazards to determine whether they are significant and require further action? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do your hazard identification processes match the nature of the hazards present in your workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified all significant hazards associated with plant and equipment operating in your workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified all significant hazards associated with chemicals and substances used or created in your workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified all significant hazards associated with the activities undertaken by your employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified all significant hazards associated with the processes that are carried out in your workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified all significant hazards associated with your physical workplace sites? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you conduct regular hazard assessments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you record, report and investigate accidents to determine whether it was caused by or arose from a significant hazard? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all employees have the opportunity to be fully involved in hazard identification processes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Hazard Management | Yes | No | Unsure |
|--|--------------------------|--------------------------|--------------------------|
| Do you take all practical steps to ensure that employees are not exposed to hazards in the course of their work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you take all practicable steps to ensure the safety of employees while at work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you taken all practical steps to first eliminate, then isolate, then minimise the likelihood that a significant hazard will be a source of harm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ensured that there are effective methods for eliminating significant hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ensured that there are effective methods for isolating significant hazards when elimination is not practical? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ensured that there are effective methods for protecting employees when elimination and isolation is not practical, which includes: <ul style="list-style-type: none">▪ Ensuring that protective clothing and equipment is provided, accessible and used;▪ Monitoring employees' exposure to the hazard;▪ Monitoring employee health (with their consent)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you regularly assess the effectiveness of your hazard management system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all employees have the opportunity to be fully involved in hazard management processes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |