

Brisbane | Rockhampton | Townsville

**Standard 11**

Take 5

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**RTO # 40914**

Take 5 Instructions

1. **Stop…**

Take 5 (minutes)

1. **Think…**

Ask yourself: “What am I about to do?”

1. **Identify the risk…**

Complete the TAKE 5 Record while looking and walking around.

1. **Plan…**

Make the changes, remove or isolate hazards, prevent people from making contact with the hazards, put permit or other controls in place, change the original plan and ensure all personnel follow all the rules, wear the correct clothing and use the correct equipment.

If the risk cannot be eliminated or CONTROLLED BY YOU, contact the supervisor and complete a JSA for the task/activity.

1. **Proceed…**

Do the task safely, and continually monitor the situation for new hazards and if the situation changes, stop the task and re-assess the controls.

Definitions:

Hazard – Potential source of harm

Risk – The chance of something impacting on objectives i.e. individual or group safety

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| --- | --- | --- | --- |
| **Take 5 Record** | | | |
| **Name:** |  | | |
| **Task Location:** |  | **Date:** |  |
| **Task Description:** |  | | |

|  |  |  |
| --- | --- | --- |
| **If you answer No to questions 1 or 2, do not start the job!** | | |
| 1. **Have I done this job before?** | **Yes** | **No** |
| 1. **Do I have the required skills, knowledge, or licences?** | **Yes** | **No** |
| 1. Is there an existing risk assessment or work instruction? | **Yes** | **No** |
| 1. Is a permit required? | **Yes** | **No** |
| 1. Can I be caught in, on or between anything? | **Yes** | **No** |
| 1. Can I strain or overexert myself? | **Yes** | **No** |
| 1. Can something fall on me or strike me? | **Yes** | **No** |
| 1. Can I come into contact with something that may harm me, like heat gas, fumes, electricity or stored energy? | **Yes** | **No** |
| 1. Is there anything about that I can slip on or trip on? | **Yes** | **No** |
| 1. Am I or others, exposed to a fall from height? | **Yes** | **No** |
| 1. Does anything need to be isolated? | **Yes** | **No** |
| 1. Is there a chance I could spill or pollute something? | **Yes** | **No** |
| 1. Is there a chance of equipment damage? | **Yes** | **No** |
| 1. Have I communicated to my surrounding work mates the risks associated with the task? | **Yes** | **No** |
| 1. Can any nearby activities harm me or my teammates? | **Yes** | **No** |
| 1. Are there any other hazards posing risk(s) to me? | **Yes** | **No** |
| **A tick in a red box requires you take action to apply control to the hazard and record these on the back of this form.** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Actions taken to control the hazards (including stopping the task and seeing your supervisor) |  |  |  |  |  |  |
| Question Number |  |  |  |  |  |  |