

## JOB SITE RISK ANALYSIS CHECKLIST

**CLIENT:** \_\_\_\_\_ **SITE ADDRESS:** \_\_\_\_\_ **TREATMENT DATE:** \_\_\_\_\_  
**PEST CONTROL OPERATOR:** \_\_\_\_\_ **LICENCE NO:** \_\_\_\_\_  
**COMPANY:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

AREAS TREATED	PEST(S):	HAZARDS IDENTIFIED	ACTION TAKEN TO ELIMINATE OR CONTROL RISK
<b>Outdoors</b> <input type="checkbox"/> Building perimeter <input type="checkbox"/> External walls <input type="checkbox"/> Under house <input type="checkbox"/> Roof <input type="checkbox"/> Paths <input type="checkbox"/> Garden beds <input type="checkbox"/> Trees <input type="checkbox"/> Insect nests <input type="checkbox"/> Other (specify) ..... .....	..... ..... <b>PESTICIDES(S) USED:</b> ..... ..... <b>EQUIPMENT USED:</b> <input type="checkbox"/> Vehicle-mounted sprayer <input type="checkbox"/> Handheld sprayer <input type="checkbox"/> Duster <input type="checkbox"/> Gas cylinder <input type="checkbox"/> Mister <input type="checkbox"/> Fogger <input type="checkbox"/> Other (specify) ..... .....	<b>Slipping/Tripping</b> <input type="checkbox"/> Wet or greasy floors <input type="checkbox"/> Obstructed walkways <input type="checkbox"/> Leads or hoses <input type="checkbox"/> Poor lighting <input type="checkbox"/> Other (specify) ..... <b>Falling</b> <input type="checkbox"/> Using ladders o uneven ground o too high <input type="checkbox"/> Working on rooftops ..... <b>Manual Handling</b> <input type="checkbox"/> Lifting heavy equipment <input type="checkbox"/> Bad or awkward posture <input type="checkbox"/> Other (specify) .....	
<b>Indoors</b> <input type="checkbox"/> Room space <input type="checkbox"/> Skirtings <input type="checkbox"/> Carpets <input type="checkbox"/> Walls <input type="checkbox"/> Wall voids <input type="checkbox"/> Roof voids <input type="checkbox"/> Kitchen <input type="checkbox"/> Cupboards <input type="checkbox"/> Furniture <input type="checkbox"/> Clothing <input type="checkbox"/> Other (specify) ..... .....	..... ..... <b>PESTICIDES(S) USED:</b> ..... ..... <b>EQUIPMENT USED:</b> <input type="checkbox"/> Vehicle-mounted sprayer <input type="checkbox"/> Handheld sprayer <input type="checkbox"/> Duster <input type="checkbox"/> Gas cylinder <input type="checkbox"/> Mister <input type="checkbox"/> Fogger <input type="checkbox"/> Other (specify) ..... .....	<b>Chemical contamination</b> <input type="checkbox"/> People in vicinity <input type="checkbox"/> Air vents/Air-con inlets <input type="checkbox"/> Food preparation areas <input type="checkbox"/> Open windows <input type="checkbox"/> Pesticide drift (wind) <input type="checkbox"/> Toys <input type="checkbox"/> Washing on clothesline <input type="checkbox"/> Fish tanks/ponds/Pets <input type="checkbox"/> Other (specify) ..... <b>Electrical/Fire</b> <input type="checkbox"/> Electricity in wet areas <input type="checkbox"/> Overhead powerlines <input type="checkbox"/> Work near switchboards <input type="checkbox"/> Flammable liquids/gases <input type="checkbox"/> Other (specify) ..... <b>Other Hazards</b> <input type="checkbox"/> Overhanging branches <input type="checkbox"/> Other (specify) .....	