
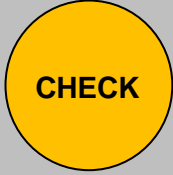
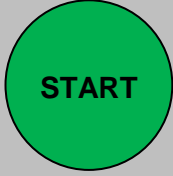


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<b>WORKPLACE / PARISH NAME:</b>		<b>COMPLETE FOR CONTRACTORS</b> COMPANY NAME : ADDRESS: CONTACT PERSON: PHONE NO:	<b>ACTIVITY METHOD STATEMENT (AMS) REF NO / TITLE:</b>  (if applicable)
<b>TRA No:</b> (if applicable)			
<b>WORK ACTIVITY / JOB / TASK OR PROCESS DESCRIPTION</b>			<b>DATE TRA DEVELOPED:</b>
<b>NAME OF WORKERS INVOLVED IN INITIAL TRA DEVELOPMENT</b>			
<b>AUTHORISING PERSON:</b> (print)		<b>SIGNATURE:</b>	<b>DATE OF AUTHORISATION:</b>

ACTION TABLE				Uncontrolled Risk Level	What do we need to do?	Controlled Risk Level	What should happen next?			
<b>CONSEQUENCE</b>				    	<b>TASK MUST STOP</b>	<b>STOP</b>	The task CANNOT proceed until the Parish Council Safety Delegate/WHS Officer has agreed to what controls must be applied.			
<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"><b>Minor:</b> First Aid injury or medical treatment</td> <td style="width: 33%;"><b>Moderate:</b> Alternate work or lost time injury</td> <td style="width: 33%;"><b>Major:</b> Fatality or permanent injury</td> </tr> </table>					<b>Minor:</b> First Aid injury or medical treatment			<b>Moderate:</b> Alternate work or lost time injury	<b>Major:</b> Fatality or permanent injury	<b>TASK MUST BE CHECKED</b>
<b>Minor:</b> First Aid injury or medical treatment	<b>Moderate:</b> Alternate work or lost time injury	<b>Major:</b> Fatality or permanent injury								
<b>LIKELIHOOD</b>					<b>TASK MAY START</b>	<b>START</b>	The Parish Council Safety Delegate/ Parish Priest or equivalent MUST review the controls and ensure they are appropriate and effective before the task can start.			
<b>Almost Certain</b> (Will probably occur)				<b>CHECK</b>	<b>CHECK</b>					
<b>Possible</b> (May occur, has happened)				<b>START</b>						
<b>Unlikely</b> (could occur - known to happen)				<b>START</b>	<b>START</b>	<b>START</b>				

WORK SEQUENCE BASIC JOB STEPS	RISK & HAZARD / ISSUE DESCRIPTION	UNCONTROLLED RISK LEVEL	CONTROLS		CONTROLLED RISK LEVEL	WHO WILL DO THIS?
Break the job down into steps. Each step should accomplish some major task and be in a logical sequence	There is a risk that ..... because .....	<b>STOP</b>	<ul style="list-style-type: none"> <li>- No. of people to do the task</li> <li>- Occupations of people req'd</li> <li>- Licenses, Qual's, Permits</li> <li>- Training requirements</li> <li>- Approvals, Plans &amp; Permits</li> <li>- Engineering Drawing/Ref's</li> <li>- Environmental controls</li> </ul>	<ul style="list-style-type: none"> <li>- Plant &amp; Equipment (static or mobile)</li> <li>- Safety Equipment</li> <li>- PPE</li> <li>- MSDS</li> </ul>	<b>STOP</b>	Wherever possible list who specifically (by name) and when this needs to be done.
		<b>CHECK</b>			<b>CHECK</b>	
		<b>START</b>			<b>START</b>	
<b>List all PPE which is standard and mandatory for this task:</b>						

#	<b>Example</b> Lifting mower from trailer or shed.	<b>There is a risk that manual handling injury due to weight or awkwardness of mower because</b> incorrect lifting methods may be used.	<b>CHECK</b>	<ul style="list-style-type: none"> <li>▪ Two people required to lift mower</li> <li>▪ Riggers gloves to be worn to ensure hand safety</li> <li>▪ Ramp could be used to eliminate lift</li> </ul>	<b>START</b>	John Smith & Joe Bloggs to conduct the works.
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#	WORK SEQUENCE BASIC JOB STEPS	RISK & HAZARD / ISSUE DESCRIPTION	UNCONTROLLED RISK LEVEL	CONTROLS	CONTROLLED RISK LEVEL	WHO WILL DO THIS?

#	<b>Example</b> <i>Transport 50kg reo bar to work area.</i>	<i><b>There is a risk that</b> heavy reo bars may cause back strain or sprain when they are being moved into position <b>because</b> incorrect lifting methods may be used.</i>	<b>CHECK</b>	<ul style="list-style-type: none"> <li>▪ <i>Two people required to transport 50 kg reo bars to work area with one person controlling the move. required Riggers gloves to be worn</i></li> </ul>	<b>START</b>	<i>John Smith &amp; Joe Bloggs to conduct the works.</i>
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**Work Diagram** (if applicable)

*E.g., sketch or attach relevant diagrams or drawings of task hazards such as services, equipment set up positioning, isolation location points or energy sources.*

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**NAMES OF PEOPLE INVOLVED IN DEVELOPING THE TRA AND CONSULTATION INDICATION**

WORKER NAME	SIGNATURE (I have been consulted in and understand this TRA)	DATE	WORKER NAME	SIGNATURE (I have been consulted in this TRA)	DATE

**Note:** Attach additional signature pages if necessary.

Review No	01	02	03	04	06	07	08
<b>Initial:</b>							
<b>Date:</b>							

Audit No	01	02	03	04	06	07
<b>Initial:</b>						
<b>Date:</b>						

**Note:** TRA's must be reviewed annually at a minimum.

TRA AMENDMENT REASON/DETAILS	CHANGE MANAGEMENT ACTIONS (e.g., actions taken to communicate changes)	DATE

**Note:** If necessary, attach additional risk assessment worksheet where changes are made.