

## Pre-work Briefing

## Work Outside Danger Zone



Note: Use this form for every workplace except for detailing worksite protection for work on track.

|                           |  |  |  |                  |
|---------------------------|--|--|--|------------------|
| Workplace Location:       |  | Client:  |  | Date:            |
| Scope of work:            |  | Supervisor:                                    |  | Phone:           |
| Emergency Assembly Point: |  | First Aider:<br>Hospital / Medical Centre:     |  | Phone:<br>Phone: |
| First aid kit location:   |  | Protection Officer / Designation<br>Signature: |  | Phone:           |

| Hazards (e.g. Workplace specific hazards identified, including physical environment, human errors, plant and equipment) | Controls (to be implemented to eliminate or reduce the risk to the lowest practicable level) | Responsible for Control (either Sydney Trains or name of Contractor) |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
| 1. What method of protection are we working under?  |  |  |
| 2. What are the limits of the worksite / protection?  |  |  |
| 3. Where is the safe place?   |  |  |
| 4. How will you be warned to move to the safe place if needed?  |  |  |
| 5. What are the hazards in this environment?  |  |  |
|   |  |  |

## Participant Acknowledgement

**All incidents and injuries must be reported to the workplace supervisor (Line Manager) and the Safety Incident and Injury Hotline on 1800 772 779**

Briefer to tick each item below that is applicable and rule a line through those that are not.

**NOTE:** Workers are to question the Briefer if they don't understand any part of this briefing

All workers listed below acknowledge that they:

- ☐ have been inducted to the workplace
- ☐ hold the applicable and current certificates of competency, trade licence and/or induction record e.g. Construction Industry Induction
- ☐ must wear the appropriate Personal Protective Equipment (PPE)
- ☐ have been informed of the requirements of the electrical permit (if required)
- ☐ have been briefed on the SWMS/SWIs/documentated safe work practice for the job
- ☐ have been instructed in the controls recorded in this document

- ☐ are free from the effects of alcohol/drugs/fatigue
- ☐ have been made aware of any hazardous materials/substances at workplace
- ☐ have been briefed on Safety Data Sheets (SDS)
- ☐ have been briefed on the WHS Management Plan
- ☐ have been briefed on the hazards of adjoining worksites
- ☐ have been briefed on the results of today's workplace walk inspection and any new hazards identified and their controls as a result of this inspection

| Name | Signature | Time of briefing:<br>hh:mm | Amendment briefing:<br>hh:mm & Initial | Name | Signature | Time of briefing:<br>hh:mm | Amendment briefing:<br>hh:mm & Initial |
|------|-----------|----------------------------|--|------|-----------|----------------------------|--|
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |
|      |           |                            |  |      |           |                            |  |