NRF 014 Worksite Protection Pre-work Briefing

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Protection Officer details

name	signature	contact No.

Work location:

Scope of work:

Worksite protection: Refer to Worksite Protection Plan for details

Hazards (e.g. Site 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)	**Person responsible for Control**
Approaching rail traffic		

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Workplace Supervisor details

name	contact No.

Emergency assembly point: _____ SWMS/SWI Ref #: _____

First aid kit location: _____ First Aider: _____

Workplace Supervisor acknowledgement

The Workplace Supervisor acknowledges that all identified WHS and rail safety hazards have the appropriate controls in place to manage and/or eliminate the hazards. Yes ☐ signature

Participant acknowledgement

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

All workers listed below acknowledge that they:

1. have been inducted to the site
2. are free from drugs and alcohol
3. are free from the effects of fatigue
4. hold the applicable and current Rail Safety Worker Authorisation, trade licence and/or induction record e.g. Construction Industry Induction
5. must wear the appropriate Personal Protective Equipment (PPE)
6. have been briefed on the contents of the Worksite Protection Plan
7. have been shown the Worksite Protection Plan diagram
8. understand the kinds and limits of worksite protection in place
9. have been briefed about any new hazards and controls identified during the final site inspection *(final site inspection must be conducted immediately before commencing work)*

Mark each check box below with a tick ✓ if the item applies or a cross × if the item does not apply

- ☐ have been informed of the requirements of the electrical permit (if required)
- ☐ have been briefed on the SWMS/SWIs/documented safe work practice for the job
- ☐ have been instructed in the controls recorded in this document and SWMS/SWIs
- ☐ have been made aware of any hazardous materials/substances on site
- ☐ 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/processes

Name	**Signature**	**Time of briefing:** hh:mm	**Amendment briefing:** hh:mm & initial

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