

Contractor Safety Critical Controls Self-Assessment Audit – Working over or near Water

SELF AUDIT DETAILS				
Business:		Date:		
Location:		Conducted by:		

Criteria	Yes	No	N/A	Comments/ Description of Evidence
Is there a documented work activity risk assessment that contains the GBRF safety critical controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a process to monitor the implementation of the risk assessment on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the watercraft been assessed and identified as suitable for the type of work and weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have watercraft been designed and constructed according to the relevant Australian Standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a process in place to ensure a minimum of 2 (two) people onboard the watercraft during work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all watercraft operators licenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an emergency plan been developed and communicated to relevant people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is suitable rescue equipment onboard the watercraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has communication equipment (e.g. radios, satellite phones) been checked and are working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have local laws been checked and lifejackets provided where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	