



**ACT**  
Government

Transport Canberra and  
City Services

## FREEDOM OF INFORMATION COVERSHEET

The following information is provided pursuant to section 28 of the *Freedom of Information Act 2016*.

FOI reference: TCCSFOI 21-009

Information to be published	Status
1. Access application	Published
2. Decision notice and schedule	Published
3. Documents	Published
4. Additional information identified	n/a
5. Fees	n/a
6. Processing time (in working days)	19 days
7. Decision made by Ombudsman	n/a
8. Additional information identified by Ombudsman	n/a
9. Decision made by ACAT	n/a
10. Additional information identified by ACAT	n/a



**ACT**  
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and City Services

## Freedom of Information – Access Application Form

### PRIVACY NOTICE

The personal information you supply on this form will only be used for the purpose of processing your request. Your application must include an email or postal address to which the respondent can send notices under the Act. If all or some of this information is not collected, Transport Canberra and City Services may not be able to communicate with you, inhibiting their obligations under the Act. This could mean the request cannot be dealt with. Your personal information will not be disclosed to a third party without your consent unless statutory obligations require otherwise.

The Transport Canberra and City Services Privacy Policy contains information on how you can access or seek to correct any of your personal information that is held by the Transport Canberra and City Services, as well as the process for lodging a complaint about an alleged breach of the *Information Privacy Act 2014*. The Privacy Policy can be found on the Transport Canberra and City Services website at [www.tccs.act.gov.au](http://www.tccs.act.gov.au).

### Applicant details

I wish to make an access application to Transport Canberra and City Services under the *Freedom of Information Act 2016*.

Name

[REDACTED]

Address

(where notices relating to this request can be sent – either postal or electronic)

[REDACTED]

Telephone Contact (Business Hours)

[REDACTED]

Telephone Contact (Mobile)

[REDACTED]

Email Contact

[REDACTED]hotmail.com

### What documents are you requesting under the Act?

- To help Transport Canberra and City Services process your request, please include enough detail in your application so that we can fully understand what government information you want.
- You may wish to include a statement about how the release of information is in the public interest.
- If your application is for access to your own personal information you must include evidence of your identity. If you are an agent acting for an applicant, please supply evidence of your authorisation and evidence of the identity of the agent.
- If for reasons in section 30 of the Act is not compliant and your application cannot be processed, Transport Canberra and City Services will take reasonable steps to assist you and give you reasonable time to amend your application if you wish.

### Fee Waiver

If you wish to apply for a fee waiver, the Act sets out a number of provisions to do so:

- The information being requested was previously publicly available but no longer is.
- The information being requested is of special benefit to the public (Ombudsman guidelines see Section 66).
- The applicant is a concession card holder and demonstrates a material connection with the information requested (concession cards include a current health care or pensioner card issued under the [Social Security Act 1991](#); a current pensioner concession card issued in relation to a pension under the [Veterans' Entitlements Act 1986](#) or [the Military Rehabilitation and Compensation Act 2004](#); a current gold card; or a card prescribed by regulation).
- The applicant is a not-for-profit organisation and the application relates to the activities or purposes of the organisation.
- The applicant is a member of the Legislative Assembly.

Transport Canberra and City Services must waive any fees for providing information if the information was not publicly available and the agency makes the information publicly available before or within 3 working days after giving it to the applicant.

### Fee waiver application (fill in if applicable. Otherwise leave blank)

I would like to apply for a fee waiver because (state reason/s from the list above).

[provide details and evidence of how this reason applies]

I would like

a copy of these documents sent to the above  
address- email address

OR

to inspect these document

APPLICANTS SIGNATURE

DATE OF REQUEST



05/02/2021

Mr [REDACTED]  
[REDACTED]@hotmail.com

Dear Mr [REDACTED]

### **Freedom of Information Request - Reference 21-009**

I refer to your application for access to government information received by Transport Canberra and City Services (TCCS) on 5 February 2021 under the *Freedom of Information Act 2016* (FOI Act). I note that you clarified the scope of your application on 12 February 2021 and that you are seeking the following government information:

1. *“the most current version of the TCCS Risk Management Framework, or, confirmation that the [2016 TCCS Risk Management Framework](#) which appears to be on the City Services website is the most current version of this framework; and*
2. *then regarding Urban Trees, a copy of their respective governance on risk, including policy/procedure/framework and tools/templates. What I am specifically seeking to understand is how the Urban Trees respective risk governance is aligned to the overarching TCCS Risk Management Framework which from the 2016 version, is aligned to the international standard on risk management (ISO 31000).”*

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the FOI Act.

A decision is due by 5 March 2021.

### **Decision on access**

#### **Part 1**

The Governance and Ministerial Services branch within TCCS, has confirmed that the published version is the endorsed framework, with an updated version expected mid year.

#### **Part 2**

In relation to part 2 of your request, I have been advised that the Tree Protection Officers use the Minimum Industry Standards for arboriculture and vegetation management workers.

These standards are purchased. Information on standards and how to purchase can be found on the Arboriculture Australia website at the following website address <https://arboriculture.org.au/education/minimum-industry-standards>.

Quantified Tree Risk Assessment (QTRA) and Tree Risk Qualification (TRAQ) are also paid qualifications which detail risk assessment methods. Information about each method can be found at <https://www.qtra.co.uk/> and <https://www.isa-arbor.com/Credentials/ISA-Tree-Risk-Assessment-Qualification>

Visual Tree Assessment is taught as part of the diploma of arboriculture and the certificate 3 training and therefore forms part of the Tree Protection Officers' formal qualifications.

Under section 45 (e) of the FOI Act I can refuse access to information available for purchase. As the information outlined above is owned by a third party, copy right laws could also apply. However, as section 45 (e) is applicable, I have not expanded on business affairs as a factor specifically in relation to copy right laws.

A total of three documents have been identified for part two of your application.

This includes the Basic Tree Risk Assessment form which is referenced as document 1 in the schedule of documents at Attachment A.

The Urban Treescapes site – task risk assessment sheet was also captured during document searches and is referenced document 2 in the schedule of documents at Attachment A.

In accordance with section 17 of the Act, I have considered the public interest in relation to information within the records identified as relevant to your access application. In this instance, I have not identified any factors favouring non-disclosure, and therefore have decided to release the information to you in full.

My decision is detailed further in the following statement of reasons.

### **Statement of Reasons**

In making my decision on disclosing government information, I must identify all relevant factors in schedule 2 of the FOI Act and determine, on balance, where the public interest lies. In reaching my access decision, I have taken the following into account:

#### ***Factors favouring disclosure in the public interest (Schedule 2, Section 2.1)***

- Section 2.1(a)(i) - promote open discussion of public affairs and enhance the government's accountability;
- Section 2.1(a)(iii) - inform the community of the government's operations, including the policies, guidelines and codes of conduct followed by the government in its dealings with members of the community;

- Section 2.1(a) (xi) - reveal environmental or health risks or measures relating to public health and safety; and
- Section 2.1(a)(viii) - reveal the reason for a government decision and any background or contextual information that informed the decision.

***Factors favouring non-disclosure (Schedule 2, Section 2.2)***

- No factors favouring non-disclosure were identified as relevant to this application.

I have considered the public interest in relation to information about the ACT Government's operations pertaining to our Risk Management Framework and the assessment of urban trees and find that the disclosure of the information enclosed with this notice is in the public interest to disclose in full.

**Charges**

No fee applies as the number of pages being released is in the fee-free threshold.

**Online publishing – disclosure log**

Under section 28 of the Act, TCCS maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents will be published in the TCCS disclosure log from 3 days after the date of this decision.

Your personal contact details will not be published. You may view the TCCS' disclosure log at [http://www.tccs.act.gov.au/about-us/freedom\\_of\\_information](http://www.tccs.act.gov.au/about-us/freedom_of_information).

**Ombudsman review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek an Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in TCCS' disclosure log or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision, you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [actfoi@ombudsman.gov.au](mailto:actfoi@ombudsman.gov.au)

**ACT Civil and Administrative Tribunal (ACAT) review**

Under section 84 of the Act, if a decision is made under section 82 on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from ACAT at:

ACT Civil and Administrative Tribunal

Level 4, 1 Moore Street

GPO Box 370

CANBERRA CITY ACT 2601

Telephone: (02) 6207 1740

[www.acat.act.gov.au](http://www.acat.act.gov.au)

If you have any queries concerning the directorate's processing of your request, or would like further information, please contact the TCCS FOI team on (02) 6207 2987 or email to [tccs.foi@act.gov.au](mailto:tccs.foi@act.gov.au).

Yours sincerely



Cherie Hughes  
Information Officer

4 March 2021

## FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: [https://www.tccs.act.gov.au/about-us/freedom\\_of\\_information/disclosure-log](https://www.tccs.act.gov.au/about-us/freedom_of_information/disclosure-log)

File number		WHAT ARE THE PARAMETERS OF THE REQUEST				
FOI – 21-009		Risk Assessment Framework for TCCS and Urban Trees				
Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-2	ISA Basic Tree Risk Assessment Form	Current	Full access	N/A	Documents to be published.
2	3-4	Parks and City Services Task and Site Risk Assessment	Current	Full access	N/A	
3	5-7	Parks, Conservation and Land Management Task and Site Risk Assessment – Kambah Depot	Current	Full access	N/A	



# Basic Tree Risk Assessment Form

1

Client \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Address/Tree location \_\_\_\_\_ Tree no. \_\_\_\_\_ Sheet \_\_\_\_\_ of \_\_\_\_\_  
 Tree species \_\_\_\_\_ dbh \_\_\_\_\_ Height \_\_\_\_\_ Crown spread dia. \_\_\_\_\_  
 Assessor(s) \_\_\_\_\_ Time frame \_\_\_\_\_ Tools used \_\_\_\_\_

### Target Assessment

Target number	Target description	Target zone			Occupancy rate 1 – rare 2 – occasional 3 – frequent 4 – constant	Practical to move target?	Restriction practical?
		Target within drip line	Target within 1 x Ht.	Target within 1.5 x Ht.			
1							
2							
3							
4							

### Site Factors

**History of failures** \_\_\_\_\_ **Topography** Flat  Slope  \_\_\_\_\_ % **Aspect** \_\_\_\_\_  
**Site changes** None  Grade change  Site clearing  Changed soil hydrology  Root cuts  Describe \_\_\_\_\_  
**Soil conditions** Limited volume  Saturated  Shallow  Compacted  Pavement over roots  \_\_\_\_\_ % Describe \_\_\_\_\_  
**Prevailing wind direction** \_\_\_\_\_ **Common weather** Strong winds  Ice  Snow  Heavy rain  Describe \_\_\_\_\_

### Tree Health and Species Profile

**Vigor** Low  Normal  High  **Foliage** None (seasonal)  None (dead)  Normal \_\_\_\_\_ % Chlorotic \_\_\_\_\_ % Necrotic \_\_\_\_\_ %  
**Pests** \_\_\_\_\_ **Abiotic** \_\_\_\_\_  
**Species failure profile** Branches  Trunk  Roots  Describe \_\_\_\_\_ ISA

### Load Factors

**Wind exposure** Protected  Partial  Full  Wind funneling  \_\_\_\_\_ **Relative crown size** Small  Medium  Large   
**Crown density** Sparse  Normal  Dense  **Interior branches** Few  Normal  Dense  **Vines/Mistletoe/Moss**  \_\_\_\_\_  
**Recent or planned change in load factors** \_\_\_\_\_

### Tree Defects and Conditions Affecting the Likelihood of Failure

#### — Crown and Branches —

Unbalanced crown  LCR \_\_\_\_\_ % Cracks  \_\_\_\_\_ Lightning damage   
 Dead twigs/branches  \_\_\_\_\_ % overall Max. dia. \_\_\_\_\_ Codominant  \_\_\_\_\_ Included bark   
 Broken/Hangers Number \_\_\_\_\_ Max. dia. \_\_\_\_\_ Weak attachments  \_\_\_\_\_ Cavity/Nest hole \_\_\_\_\_ % circ.  
 Over-extended branches  Previous branch failures  \_\_\_\_\_ Similar branches present   
**Pruning history** Crown cleaned  Thinned  Raised  Dead/Missing bark  Cankers/Galls/Burls  Sapwood damage/decay   
 Reduced  Topped  Lion-tailed  Conks  Heartwood decay  \_\_\_\_\_  
 Flush cuts  Other \_\_\_\_\_ Response growth \_\_\_\_\_  
 Main concern(s) \_\_\_\_\_

**Load on defect** N/A  Minor  Moderate  Significant  \_\_\_\_\_  
**Likelihood of failure** Improbable  Possible  Probable  Imminent  \_\_\_\_\_

#### — Trunk —

Dead/Missing bark  Abnormal bark texture/color   
 Codominant stems  Included bark  Cracks   
 Sapwood damage/decay  Cankers/Galls/Burls  Sap ooze   
 Lightning damage  Heartwood decay  Conks/Mushrooms   
 Cavity/Nest hole \_\_\_\_\_ % circ. Depth \_\_\_\_\_ Poor taper   
 Lean \_\_\_\_\_ ° Corrected? \_\_\_\_\_  
 Response growth \_\_\_\_\_  
 Main concern(s) \_\_\_\_\_

**Load on defect** N/A  Minor  Moderate  Significant   
**Likelihood of failure** Improbable  Possible  Probable  Imminent

#### — Roots and Root Collar —

Collar buried/Not visible  Depth \_\_\_\_\_ Stem girdling   
 Dead  Decay  Conks/Mushrooms   
 Ooze  Cavity  \_\_\_\_\_ % circ.  
 Cracks  Cut/Damaged roots  Distance from trunk \_\_\_\_\_  
 Root plate lifting  Soil weakness   
 Response growth \_\_\_\_\_  
 Main concern(s) \_\_\_\_\_

**Load on defect** N/A  Minor  Moderate  Significant   
**Likelihood of failure** Improbable  Possible  Probable  Imminent



# Parks and City Services Task and Site Risk Assessment

Depot		
Site	Site Supervisor	
Job	Date	Time
TTM Plan used (number)		

**Pre-Start Safety Discussion:**  
 Are any of the following hazards involved on the job that is not identified in the Standard Operating Procedures or TTM?

**Tick all APPROPRIATE boxes below.**

<input type="checkbox"/> Working on or near roads <input type="checkbox"/> Close to power lines <input type="checkbox"/> Close to buildings or other assets <input type="checkbox"/> Adverse weather conditions eg fog, rain, wind <input type="checkbox"/> High pedestrian traffic eg. near school, shops or facilities. <input type="checkbox"/> Close proximity to the public eg cycle path/laneway	<input type="checkbox"/> Additional manual handling tasks or equipment required <input type="checkbox"/> Working outside normal working hours <input type="checkbox"/> Slopes or slippery, rough or rocky ground <input type="checkbox"/> <i>Inexperienced Team members</i> <input type="checkbox"/> Other Hazards not listed
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*If the answer to any of the above questions is **yes** please ✓*

- the hazards must be listed in the table below and
- each hazard must be risk assessed using the TAMS Risk Assessment Matrix; and
- appropriate controls listed and implemented;
- a Pre-Start Safety Discussion must be held with all workers on site under PACS control to fully explain the controls

TTM modification/s (tick all applicable boxes and complete Site Drawing with measurements included)

<input type="checkbox"/> "T" intersection	<input type="checkbox"/> Line of sight Issue	<input type="checkbox"/> Site located on curve or crest of hill	<input type="checkbox"/> Merging traffic
<input type="checkbox"/> Extra signage	<input type="checkbox"/> Increases distance	<input type="checkbox"/> Stopper allocated	<input type="checkbox"/> Road Closure
<input type="checkbox"/> Car Parking impact	<input type="checkbox"/> Loading Zone impact	<input type="checkbox"/> Taxi/bus zone impact	<input type="checkbox"/> Traffic Lights impact

Person modify TTM plans (print name).....	Signature.....
Red Card number.....	

**Pre Work Risk Assessment for additional hazards identified. (Use matrix on page 2)**

SOP/TTM If applicable	Additional Hazards identified	Risk Class Score	Control

**Note: If modifying TTM plan use site drawing. (Must include distances, spaces, hazards & controls)**

Site Drawing

# Parks and City Services Task and Site Risk Assessment

Risk matrix										
<b>E:</b> Extreme risk — detailed action plan required <b>H:</b> High risk — needs senior management attention <b>M:</b> Medium risk — specify management responsibility <b>L:</b> Low risk — manage by routine procedures <i>Note: High or Extreme risks must be reported to senior management and require detailed treatment plans to reduce the risk to Low or Medium.</i>				Consequences						
				People	Injuries or ailments not requiring medical treatment	Minor injury or first aid treatment case	Serious injury causing hospitalisation or multiple medical treatment cases	Life threatening injury or multiple serious injuries causing hospitalisation	Death or multiple life threatening injuries	
				Financial	1% of budget or <\$5K	2.5% of budget or <\$50K	> 5% of budget or <\$500K	> 10% of budget or <\$5M	>25% of budget or >\$5M	
				Insignificant	Minor	Moderate	Major	Catastrophic		
Probability		Historical			1	2	3	4	5	
Likelihood	>1 in 10	Is expected to occur in most circumstances	5	Almost certain	M	H	H	E	E	
	1 in 10–100	Will probably occur	4	Likely	M	M	H	H	E	
	1 in 100–1,000	Might occur at some time in the future	3	Possible	L	M	M	H	E	
	1 in 1,000–10,000	Could occur but doubtful	2	Unlikely	L	M	M	H	E	
	1 in 10,000–100,000	May occur but only in exceptional circumstances	1	Rare	L	L	M	H	E	









### Review and Pre-Start Safety Discussion

I have undertaken an assessment of the risks associated with the work to be carried out and the materials and equipment to be used to the best of my ability. The SOP/TTM has been modified through consultation with those directly affected by the work and I have explained the changes to the standard work practices to them.

On Site Supervisor Name:
Signed: ..... Date ___/___/___
N.B; Sign-off by all staff associated with this activity is required. We the undersigned understand and comply with the controls to be used in minimising the risks for this activity:

**At the end of the day hand in. This need to be filed with day sheets and information put into the monthly TTM register.**

## Parks, Conservation and Land Management Task and Site Risk Assessment

Depot: <b>Kambah</b>				Date / / 2020			
Suburb Name:				Site Supervisor:			
Street Name:				Time Deployed		Time Removed	
Job:							
Vehicle Type		Vehicle Registration			Persons on Site		
HYD Truck					1 Pat Burt		
Crew Truck					2 Mark Johnson		
Dual Cab Tipper					3 Jiri Salomon		
Chipper					4 Tim Swan		
Tower					5 Warren Martin		
Crane					6 Shane Seeck		
					7 Ryan Mullen		
					8		
					9		
					10		
Steel Cap Footwear	Hard Hat -4	High Visibility clothing	Harness	Hearing Protection	Gloves see MSDS	Eye Protection	Respiratory protection
							
Must	Must	Must	Activity /Must	Activity Available	Activity/ Available	Activity/ Available	Activity/ Available

**TTM Plan**

or Number/s as shown

<b>TTM –</b>
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TTM modification/s (tick all applicable boxes and complete Site Drawing with measurements included)

<input type="checkbox"/> "T" intersection	<input type="checkbox"/> Line of sight Issue	<input type="checkbox"/> Site located on curve or crest of hill	<input type="checkbox"/> Merging traffic
<input type="checkbox"/> Extra signage	<input type="checkbox"/> Increases distance	<input type="checkbox"/> Stopper allocated	<input type="checkbox"/> Road Closure
<input type="checkbox"/> Car Parking impact	<input type="checkbox"/> Loading Zone impact	<input type="checkbox"/> Taxi/bus zone impact	<input type="checkbox"/> Traffic Lights impact
<input type="checkbox"/>	<input type="checkbox"/>		

**Pre-Start Safety Discussion:**

Are any of the following hazards involved on the job that is not identified in the Standard Operating Procedures or TTM?

Tick all **APPROPRIATE** boxes below.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Working on or near roads</li> <li><input type="checkbox"/> Close to power lines</li> <li><input type="checkbox"/> Close to buildings or other assets</li> <li><input type="checkbox"/> Adverse weather conditions eg fog, rain, wind</li> <li><input type="checkbox"/> High pedestrian traffic eg. near school, shops or facilities.</li> <li><input type="checkbox"/> Close proximity to the public eg cycle path/laneway</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional manual handling tasks or equipment required</li> <li><input type="checkbox"/> Working outside normal working hours</li> <li><input type="checkbox"/> Slopes or slippery, rough or rocky ground</li> <li><input type="checkbox"/> <i>Inexperienced Team members</i></li> <li><input type="checkbox"/> Other Hazards not listed</li> </ul> |
|---|---|

If the answer to any of the above questions is **yes** please ✓

- the hazards must be listed in the table below and
- each hazard must be risk assessed using the TAMS Risk Assessment Matrix; and
- appropriate controls listed and implemented;
- a Pre-Start Safety Discussion must be held with all workers on site under PCL control to fully explain the controls

**Pre Work Risk Assessment for additional hazards identified.**

SOP/TTM If applicable	Additional Hazards identified	Risk Class Score	Control
			PPE/FLASHING LIGHT/SIGNS

## Parks, Conservation and Land Management Task and Site Risk Assessment

Note: If generic plan is modified give site drawing with spaces, hazards & controls. - (see over)

### RISK ASSESSMENT

Risk matrix				Consequences					
<b>E:</b> Extreme risk — detailed action plan required <b>H:</b> High risk — needs senior management attention <b>M:</b> Medium risk — specify management responsibility <b>L:</b> Low risk — manage by routine procedures <i>Note: High or Extreme risks must be reported to senior management and require detailed treatment plans to reduce the risk to Low or Medium.</i>				People	Injuries or ailments not requiring medical treatment	Minor injury or first aid treatment case	Serious injury causing hospitalisation or multiple medical treatment cases	Life threatening injury or multiple serious injuries causing hospitalisation	Death or multiple life threatening injuries
					Insignificant	Minor	Moderate	Major	Catastrophic
					1	2	3	4	5
Likelihood	> 1 in 10	Is expected to occur in most circumstances	5	Almost certain	M	H	H	E	E
	1 in 10–100	Will probably occur	4	Likely	M	M	H	H	E
	1 in 100–1,000	Might occur at some time in the future	3	Possible	L	M	M	H	E
	1 in 1,000–10,000	Could occur but doubtful	2	Unlikely	L	M	M	H	E
	1 in 10,000–100,000	May occur but only in exceptional circumstances	1	Rare	L	L	M	H	E

#### Instructions for use

This Risk assessment must be completed every time **BEFORE** TTM's are deployed. Where the tasks and/or Working environment significantly changes (i.e. risk class changes) a new risk assessment must be completed. A separate review and toolbox meeting must be undertaken for each new risk assessment.

This form must remain available for the duration of the works and must be given to the Supervisor on completion of works. Please report to your Supervisor any commonly recurring hazards that are being identified and need to be included in the SOP/TTM.

This risk assessment should be read in conjunction with the relevant Standard Operating Procedures and the daily job sheet (which identifies the plant and equipment in use during the job).

#### Site Drawing

Drawing must include all distances

Person Authorised to Modify Generic TTM plans (print name).....

Certificate number.....

Signed .....

Added to monthly registrar.....date.....Officer.....

#### Review and Pre-Start Safety Discussion

I have undertaken an assessment of the risks associated with the work to be carried out and the materials and equipment to be used to the best of my ability. The SOP/TTM has been modified through consultation with those directly affected by the work and I have explained the changes to the standard work practices to them.

On Site Supervisor Name: _____	Signed: ..... Date ___/___/___
--------------------------------	--------------------------------

N.B; Sign-off by all staff associated with this activity is required.

We the undersigned understand and comply with the controls to be used in minimising the risks for this activity:

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**Parks, Conservation and Land Management  
Task and Site Risk Assessment**

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