
	STANDARD CHECKLIST	Document ID	TNCL-OHS-CHK-0010
		Document owner	OHS Manager
	REVIEW OF HAZARDS	Revision	01
		Approval Date	21 st March 2024

REVIEW OF HAZARDS
(Both existing hazards and those that may be introduced by the contractor)

Company Name				
Physical Address:				
Nature of Activities, Products and Services to be undertaken for Tembo Nickel				
Assessor(s)				
Assessment date				
Contact Details:				
Contact Person				
Position				
Phone number				
Email				
Alternative Contact Person		Phone #:		
Total Number of Workforce				
	Expat	National	Permanent	Temporary
<input type="checkbox"/> Pass	The contractor meets established criteria, and the contractor adjudication process may continue			
<input type="checkbox"/> Provisional Acceptance	The contractor does partially meet criteria established, the action plan with a realistic timeframe agreed upon shall be issued to the contractor to fulfill the requirement prior to the contractor adjudication process may continue			
<input type="checkbox"/> Fail	The contractor does not meet the criteria established. If a unique business need exists, a variance may be initiated and must be submitted to Company Executives for further evaluation and approval before the contract Adjudication continue.			


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Tembo Nickel hosting department must complete:


Part 1. - Review of hazards that are present where the contractor will work

Part 2. - Review of hazards that may be introduced by the contractor

Mechanical	Yes	No	Hazardous Environment	Yes	No
Plant	<input type="checkbox"/>	<input type="checkbox"/>	Confined space	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	Working at height	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	Remote sites	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Oil	<input type="checkbox"/>	<input type="checkbox"/>	Weather extremes	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Water	<input type="checkbox"/>	<input type="checkbox"/>	Terrain	<input type="checkbox"/>	<input type="checkbox"/>
Rotating Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Tunnel/Shafts	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Air/Gas	<input type="checkbox"/>	<input type="checkbox"/>	Working alone	<input type="checkbox"/>	<input type="checkbox"/>
Steam, Dust, High Temperature	<input type="checkbox"/>	<input type="checkbox"/>			
Scaffold	<input type="checkbox"/>	<input type="checkbox"/>			
Radiation	Yes	No	Electrical	Yes	No
Radiofrequency	<input type="checkbox"/>	<input type="checkbox"/>	High voltage	<input type="checkbox"/>	<input type="checkbox"/>
Electrical fields	<input type="checkbox"/>	<input type="checkbox"/>	Low voltage	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic fields	<input type="checkbox"/>	<input type="checkbox"/>	Earth faults	<input type="checkbox"/>	<input type="checkbox"/>
Infra-red/Ultraviolet	<input type="checkbox"/>	<input type="checkbox"/>	Leads	<input type="checkbox"/>	<input type="checkbox"/>
Solar	<input type="checkbox"/>	<input type="checkbox"/>	Lightning	<input type="checkbox"/>	<input type="checkbox"/>
			Inspected Equipment	<input type="checkbox"/>	<input type="checkbox"/>
			Residual current devices (capacitors)	<input type="checkbox"/>	<input type="checkbox"/>
Fire & Explosion	Yes	No	Transportation	Yes	No
Flammable Substances	<input type="checkbox"/>	<input type="checkbox"/>	Heavy equipment/load	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Oversize equipment/load	<input type="checkbox"/>	<input type="checkbox"/>
Bush fire	<input type="checkbox"/>	<input type="checkbox"/>			
Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>			
Welding	<input type="checkbox"/>	<input type="checkbox"/>			

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Operation	Yes	No	Biological	Yes	No
Water level changes	<input type="checkbox"/>	<input type="checkbox"/>	Environment	<input type="checkbox"/>	<input type="checkbox"/>
Water flow changes	<input type="checkbox"/>	<input type="checkbox"/>	Environmentally sensitive area	<input type="checkbox"/>	<input type="checkbox"/>
Personal	Yes	No	Environment	Yes	No
Materials handling	<input type="checkbox"/>	<input type="checkbox"/>	Earthworks	<input type="checkbox"/>	<input type="checkbox"/>
Slips/trips/falls	<input type="checkbox"/>	<input type="checkbox"/>	Pollutants	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive movements	<input type="checkbox"/>	<input type="checkbox"/>	Waste disposal	<input type="checkbox"/>	<input type="checkbox"/>
Heat/cold	<input type="checkbox"/>	<input type="checkbox"/>			
Operational Area	Yes	No	Site Management	Yes	No
High traffic	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>
Large equipment/	<input type="checkbox"/>	<input type="checkbox"/>	Amenities	<input type="checkbox"/>	<input type="checkbox"/>
Small equipment	<input type="checkbox"/>	<input type="checkbox"/>	Access control	<input type="checkbox"/>	<input type="checkbox"/>
Blind spots	<input type="checkbox"/>	<input type="checkbox"/>	Authorization	<input type="checkbox"/>	<input type="checkbox"/>
Communications interference	<input type="checkbox"/>	<input type="checkbox"/>	Licensed operators (crane, equipment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Environment	Yes	No	Work Practices	Yes	No
Confined space	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	Waste disposal	<input type="checkbox"/>	<input type="checkbox"/>
Pinch points	<input type="checkbox"/>	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>
			Barricades	<input type="checkbox"/>	<input type="checkbox"/>
			Signage	<input type="checkbox"/>	<input type="checkbox"/>
			Shifts / Work Hours	<input type="checkbox"/>	<input type="checkbox"/>

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Mechanical Equipment	Yes	No	Construction	Yes	No
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	Cranes and rigging	<input type="checkbox"/>	<input type="checkbox"/>
Plant (cranes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Concrete operations	<input type="checkbox"/>	<input type="checkbox"/>
Mobile equipment	<input type="checkbox"/>	<input type="checkbox"/>	Overhead operations	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	Changing conditions	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	Commissioning activities	<input type="checkbox"/>	<input type="checkbox"/>
Machine Guarding	<input type="checkbox"/>	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	Yes	No	Radiation	Yes	No
Toxic/poison	<input type="checkbox"/>	<input type="checkbox"/>	Welding	<input type="checkbox"/>	<input type="checkbox"/>
Solvents	<input type="checkbox"/>	<input type="checkbox"/>	Other sources	<input type="checkbox"/>	<input type="checkbox"/>
Corrosives	<input type="checkbox"/>	<input type="checkbox"/>	X-Ray or similar	<input type="checkbox"/>	<input type="checkbox"/>
Generation of dust, fumes, vapour	<input type="checkbox"/>	<input type="checkbox"/>			
Material safety data sheets	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical storage/gases	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel storage, load out	<input type="checkbox"/>	<input type="checkbox"/>			
Personal protective clothing requirements	Yes	No	Biological (any other)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Emergency Arrangements:
Evacuation
Medical treatment
Fire
Rescue
Other
<i>If the project involves one or more of these risks or issues the contractor must complete a formal risk assessment and develop safe work procedures prior to starting work.</i>