

PRE-WORK BRIEF
LVR F 104



Work Location:		Briefing Date: dd:mm:yy	
Scope of work:		Supervisor:	Phone:
Work on track method (if required)		Yard Master:	Phone:
Emergency assembly point:		Briefer:	Briefer's signature:
First aid kit location:	First Aider:		SWMS/SWI Ref # (if required):

Hazards, issue or topic (e.g. Site specific hazards identified, changes to procedures, documents, plant or equipment)	Controls (to be implemented to eliminate or reduce the risk to the lowest practicable level, or action required by workers)	Responsible for Control



All incidents and injuries must be reported to the Rail Safety Manager or Director							
All persons listed below acknowledge that they: (Briefer to delete and initial any items that are not applicable)				NOTE: Persons are to question the Briefer if they don't understand any part of this briefing			
<input type="checkbox"/> have been inducted to the site (if required) <input type="checkbox"/> hold the applicable and current certificates of competency, trade licence and/or induction record if required <input type="checkbox"/> wear the appropriate Personal Protective Equipment (PPE)				<input type="checkbox"/> have been briefed on the WMS for the job <input type="checkbox"/> are free from the effects of alcohol/drugs/fatigue <input type="checkbox"/> have been made aware of any hazardous materials/substances on site <input type="checkbox"/> have been briefed on Safety Data Sheets (SDS) – if in use <input type="checkbox"/> have been briefed on any other site specific hazards			
Name	Signature	Time of briefing: hh:mm	Amendment briefing: hh:mm & Initial	Name	Signature	Time of briefing: hh:mm	Amendment briefing: hh:mm & Initial