FLINDERS UNIVERSITY          HAZARD CONTROL PLAN

NAME OF PERSON COMPLETING THE CONTROL PLAN___________________________________

NOTE: PLEASE ALLOCATE A CONTROL PLAN NUMBER & ENTER IT ON YOUR CHECKLIST

CONTROL PLAN NUMBER __________  BUILDING & ROOM NUMBER_______________________

HAZARD_________________________________________TASK/PROCESS_______________________

If the answer to the first question is ‘yes’, then follow through each option in turn and record the actions to be taken. It may be best to use a combination of control measures.

Note: Provide adequate training where required.

1. Is the task/equipment/process necessary?  
   - NO  
     - ELIMINATE task/equipment/process
   - YES
     - Is it possible to substitute the task/equipment/process with a less hazardous one?  
       - YES
         - Describe the control
       - AND/OR
         - Is it possible to isolate the task/equipment/process or the operator?  
           - YES
             - Describe the control
           - AND/OR
             - Would an engineering control or design changes reduce the risk?  
               - YES
                 - Describe the control
               - AND/OR
                 - Is it possible to reduce the risk with Administrative controls?  
                   - YES
                     - Describe the control
                   - AND/OR
                     - Can the risk be reduced by the use of Personal Protective Equipment?  
                       - YES
                         - Describe the control