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| **Artist** |  |
| **Scope of Work**  (including location) |  |

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| --- | --- | --- |
| Have current **insurances** and **training and competency evidence** been provided to State Growth by the artist? | **YES -** Proceed | **NO –** Work not permitted |
| Have known **Risks** and **Hazards** associated with any works to be undertaken on the commission site been communicated to the artist?  (through provision of the completed State Growth Scope of Work Risk Assessment) | **YES -** Proceed | **NO –** Work not permitted |

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| **Communication of Safe Working Practices**  Provide documentation to the State Growth contact (additional documents may be added at bottom of this form) | |
| Risk Assessment (RA) | |
| Title: | Date: |

|  |  |  |
| --- | --- | --- |
| **Hazards and Controls** (comments must be included where a hazard is selected. This list is not exhaustive) | | |
| **Aspect** | **Comments / Conditions / Controls** | **By Whom** |
| Asbestos containing materials |  |  |
| Confined space |  |  |
| Contaminated sites |  |  |
| Cranes and/or lifts |  |  |
| Demolition or construction works |  |  |
| Dust / fumes |  |  |
| Excavations |  |  |
| Hazardous chemicals |  |  |
| Hazardous voltage |  |  |
| Hot work |  |  |
| Mobile plant / vehicle / pedestrian interactions |  |  |
| Noise |  |  |
| Penetrations |  |  |
| Remote / Isolated Work |  |  |
| Simultaneous operations / subcontracted work |  |  |
| Work at height |  |  |
|  | | |
| **Authorisation** | | |

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| **HANDOVER** | **Artist** – Iaccept the accountabilities of this role and agree to lead in accordance with site standards and the requirements of this certificate and associated documents. | | | | | | |
|  |  |  |  |  |  |  |
|  | *Name* |  | *Signature* |  | *Date* | |
| **State Growth Contact** – Planning completed, documents provided and work can proceed. | | | | | | |
|  |  |  |  |  |  |  |
|  | *Name* |  | *Signature* |  | *Date* | |

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| **Close Out** |

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| **HANDBACK** | **Artist** – The worksite has been left in a safe condition and work activities under this clearance to work scope have ceased. | | | | | | |
|  |  |  |  |  |  |  |
|  | *Name* |  | *Signature* |  | *Date* | |
| **State Growth Contact** – The worksite has been left in a safe condition and work activities under this clearance to work scope have been completed. | | | | | | |
|  |  |  |  |  |  |  |
|  | *Name* |  | *Signature* |  | *Date.* | |

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| **Additional Documents / Information Provided by the Artist** |
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