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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: |

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| **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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