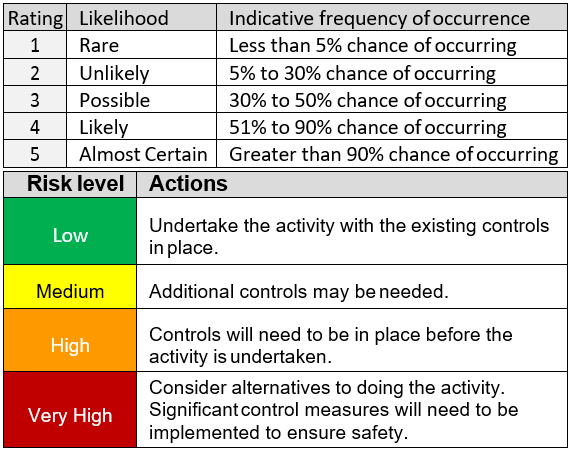
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STEP 1 - BACKGROUND INFORMATION (ACTIVITY, LOCATION AND PEOPLE ASSESSING RISK)** | | | | | |
| **School/Unit:** |  | | | **Faculty/Division/Office:** |  |
| **Risk assessment title** |  | | | | |
| **Location Name** | | | **Building No.** | **Date**  Click here to enter a date. | **Assessed/prepared by** |
| **Project/activity type** | | Undergraduate    Postgraduate   Staff | Field work  Lab work  Clinical work | Research  Commercial  Teaching | Other (describe): |
| **Expected duration** | | Ongoing | **OR** From: Click here to enter a date. | | To: Click here to enter a date. |
| **Brief description of project/activity** | |  | | | |
| **Workplace conditions (Layout and physical conditions, including access and egress)** | |  | | | |
| **What prior experience is there of the project/activity that may assist in assessment?**  E.g. Industry Standards, Legislation and Codes; CSU policy and procedure; SWP’s; Incidents; Training; and existing controls | | | |  | |



**TWO VARIABLE RISK MATRIX - Identify the likelihood and consequence to calculate the risk rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consequence** | **Likelihood** | | | | |
| **1**  **Rare** | **2**  **Unlikely** | **3**  **Possible** | **4**  **Likely** | **5**  **Almost Certain** |
| **5 Extreme (Death or permanent injury)** | Medium | High | Very High | Very High | Very High |
| **4 Major (Hospitalisation)** | Medium | Medium | High | Very High | Very High |
| **3 Moderate (Medical treatment)** | Low | Medium | Medium | High | High |
| **2 Minor (First Aid)** | Low | Low | Medium | Medium | Medium |
| **1 Insignificant (No treatment)** | Low | Low | Low | Low | Low |

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| **STEP 2 - IDENTIFY HAZARDS, ASSESS THE LEVEL OF RISK AND PROPOSE CONTROLS** | | | | | |
| For each of the following prompts:   * Check the box for each hazard that may potentially exist for the activity/task * Use the two variable risk matrix to determine and record a risk rating * Describe when and where the hazard is present (comments box) * For each current and proposed risk control, specify the control type (from hierarchy at right) * Provide a control description for each current and proposed risk control | Most effective | **Hierarchy of control (control type\*)**  **E = Elimination** Remove the hazard completely from the workplace or activity  **S = Substitution** Replace a hazard with a less dangerous one (e.g. a less hazardous chemical)  **I** = **Isolation** Separate people from the hazard (e.g. safety barrier)  **R = Redesign/Engineering** Make a work process or activity safer (e.g. raise a bench to reduce bending)  **A = Administration** Putting safety rules, signage or training in place (e.g. induction)  **P = Personal Protective Equipment** (e.g. Gloves, gowns, glasses, respirator, boots, hard hat, high vis gear)  ***Note:***  ***Control measures should be implemented in order of effectiveness. If lower level controls (such as A or P) are to be implemented without higher level controls, it is important to explain why.*** | | | |
| Least effective |
| **Project/Activity Hazard Identification** | **Risk score with no or**  **current controls** | **Comments (where/when hazard present)** | **Control**  **Type\*  E,S,I,R,A,P** | **Control** **Description** | **Risk score with**  **proposed controls** |
| **Is there potential for**   |  |  |  | | --- | --- | --- | | Being cut or stabbed | Struck, crushed or entangled | Electric shock | | Manual handling | Infectious agents/materials | Chemical hazard | | Vibration or noise | Slips, trips and falls | Stress or fatigue | | Other (specify): | | | |  |  |  | **Current:**  **Proposed:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STEP 2 - IDENTIFY HAZARDS, ASSESS THE LEVEL OF RISK AND PROPOSE CONTROLS (Continued)** | | | | | |
| For each of the following prompts:   * Check the box for each hazard that may potentially exist for the activity/task * Use the two variable risk matrix to determine and record a risk rating * Describe when and where the hazard is present (comments box) * For each current and proposed risk control, specify the control type (from hierarchy at right) * Provide a control description for each current and proposed risk control | Most effective | **Hierarchy of control (control type\*)**  **E = Elimination** Remove the hazard completely from the workplace or activity  **S = Substitution** Replace a hazard with a less dangerous one (e.g. a less hazardous chemical)  **I** = **Isolation** Separate people from the hazard (e.g. safety barrier)  **R = Redesign/Engineering** Make a work process or activity safer (e.g. raise a bench to reduce bending)  **A = Administration** Putting safety rules, signage or training in place (e.g. induction)  **P = Personal Protective Equipment** (e.g. Gloves, gowns, glasses, respirator, boots, hard hat, high vis gear)  ***Note:***  ***Control measures should be implemented in order of effectiveness. If lower level controls (such as A or P) are to be implemented without higher level controls, it is important to explain why.*** | | | |
| Least effective |
| **Workplace conditions hazard identification** | **Risk score with no or**  **current controls** | **Comments (where/when hazard present)** | **Control**  **Type\*  E,S,I,R,A,P** | **Control Description** | **Risk score with**  **proposed controls** |
| **Is there potential for**   |  |  |  | | --- | --- | --- | | Temperature extremes | Weather extremes | Inadequate light | | Dusts, fumes, vapours | Exposure to solar radiation | Other radiation forms | | Machinery/vehicles | Animals/Insects | Emergency Situations | | Bush fire | Violence | Working in water | | Other (specify): | | | |  |  |  | **Current:**  **Proposed:** |  |
| **Environmental impacts hazard identification** | **Risk score with no or**  **current controls** | **Comments (where/when hazard present)** | **Control**  **Type\*  E,S,I,R,A,P** | **Control Description** | **Risk score with**  **proposed controls** |
| **Is there potential for**   |  |  |  | | --- | --- | --- | | Energy consumption | Nuisance noise | Hazardous emissions | | Water consumption | Hazardous waste | Dust | | Release of organisms | Other (specify): | | |  |  |  | **Current:**  **Proposed:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP 3 - COMPLETE THE IMPLEMENTATION OR ESCALATION PLAN AND CONTROL THE RISK** | | | | | | | |
| Determine the person responsible for deciding on and implementing the proposed controls. Obtain the authorization of the management representative.  Ensure the HSR (if applicable) has been consulted.  Ensure the person(s) performing the project/activity have been consulted. | | | | | | | |
| **Person responsible or escalated to** |  | | **Signature** | Double click to sign digitally | | **Controls Implementation Date** | Click here to enter a date. |
| **Management representative** |  | | **Signature** | Double click to sign digitally | | **Date** | Click here to enter a date. |
| **HSR/employee representative** |  | | **Signature** | Double click to sign digitally | | **Date** | Click here to enter a date. |
| **STEP 4 - ACKNOWLEDGEMENT OF UNDERSTANDING** | | | | | | | |
| All persons performing these tasks must sign that they have read and understood the risk assessment.  Note: For activities which are low risk or include a large group of people (e.g. student classes, BBQ’s, open days etc.), only the persons undertaking the key activities need to sign below. For all others involved in such activities, the information can be covered by other methods (safety information sheet, safety briefing, induction) as long as this is clearly specified in the risk assessment. | | | | | | | |
| **I have read and understood this risk assessment** | | | | | | | |
| **Name** | | **Signature** | | | **Date** | | |
|  | | Double click to sign digitally | | | Click here to enter a date. | | |
|  | | Double click to sign digitally | | | Click here to enter a date. | | |
|  | | Double click to sign digitally | | | Click here to enter a date. | | |
|  | | Double click to sign digitally | | | Click here to enter a date. | | |