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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & Safety Endeavour risk assessment Form |

| Ra No.ERMS Ref:  | Date:  | Version No.:  | Review Date:  | Authorised by:  |
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| STEP 1 – ENTER INFORMATION ABOUT THE ACTIVITY/TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT |
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| Location name:  | Building No.:  | **Room No.:** | Assessed by: | HSR/Employee representative: |
| Description of activity/task:  |
| Workplace conditions (Describe layout and physical conditions - including access and egress)  |
| List systems of work for the activity/task:● Training/Inductions ● Inspections to be completed● SOPs ● Existing controls● Emergency processes |  |
| Is there past experience with the activity/task that may assist in the assessment?● Existing controls ● SOPs ● Standards● Industry standards ● Incidents & near-misses ● Legislation● Training / Induction ● Incident Investigation ● Guidance material● Codes of Practice |  |

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| Step 2: RISK RATING – RISK MATRIX AND DEFINITIONS |



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| **Likelihood** |  | **Consequence** |
| Almost certain – will occur in most circumstances when the activity is undertaken (greater than 90% chance of occurring) |  | Insignificant –First aid treatment, minor injury, no time off work |
| Likely - will probably occur in most circumstances when the activity is undertaken (51 to 90% chance of occurring) |  | Minor – Single occurrence of medical treatment, minor injury, no time off work |
| Possible – might occur when the activity is undertaken (21 to 50% chance of occurring) |  | Moderate – Multiple medical treatments, non-permanent injury, less than 10 days off work |
| Unlikely – could happen at some time when the activity is undertaken (1 to 20% chance of occurring) |  | Major – Extensive injuries requiring medical treatment (e.g. surgery), serious or permanent injury/illness, greater than 10 days off work |
| Rare – may happen only in exceptional circumstances when the activity is undertaken (less than 1% chance of occurring) |  | Severe – Severe injury/illness requiring life support, actual or potential fatality, greater than 250 days off work |

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| **Risk Rating Priority for Action** |
|  | **Risk acceptance guide** | **Action** | **Recommended action time frame** |
| **Extreme** | Not acceptable | Cease or isolate source of riskImplement further risk controlsMonitor, review and document controls | ImmediateUp to 1 monthOngoing |
| **High** | Generally (in most circumstances) not acceptable | Implement risk controls if reasonably practicableMonitor, review and document controls | 1 to 3 monthsOngoing |
| **Medium** | Generally (in most circumstances) acceptable | Implement risk controls if reasonably practicableMonitor, review and document controls | 3 to 6 monthsOngoing |
| **Low** | Acceptable | Monitor and review | Ongoing |

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| STEP 3 – Identify hazards and associated risk ratings and controls |
| For each step in the task:* Break down the task into manageable **steps**. List the steps in the order that they occur;
* Identify the **hazard(s)** associated with each step;
* Determine and record an **inherent risk score** using the risk matrixr;
* Provide a **control description** for each current or proposed risk control;
* Specify the risk **control type**, for each current or proposed risk control;
* Where **proposed risk control(s)** have been identified complete an [Health & Safety: Action plan](https://safety.unimelb.edu.au/__data/assets/word_doc/0005/1795028/health-and-safety-action-plan.docx);
* Determine and record the **residual risk score** using the risk matrix.
 | Hierarchy of Control (Control Type)El – EliminationS – SubstitutionEn – Engineering Is – Isolation G – GuardingSh – ShieldingA – Administrative T – Training In – InspectionM – Monitoring H – Health MonitoringP – PPE |
| Hazard Guidance – YOUR HAZARDS MAY INCLUDE THE FOLLOWING. HAZARDS ASSOCIATED WITH YOUR PROJECT ARE NOT LIMITED TO THIS LIST. |
| PHYSICAL | ENVIRONMENTAL | EVENT/EXHIBIT | OTHER |
| * Being cut or stabbed
* Struck, crushed or entangled
* Shearing or friction
* Moving parts
* Slip, trip or fall
* Manual handling/ergonomics
* Vibration
* Other
 | * Extremes of temperature
* High wind or humidity
* Inadequate light
* Dusts, fumes or vapours
* Exposure to UV or other radiation
* Uneven terrain/surface
* Extreme temperatures (hot/cold)
* Other
 | * Inadequate Emergency Management – events are crowded. How do you respond/ get out in an emergency and make sure you don’t block any exits or emergency equipment?
* Transport/Travel – how are you and your project traveling to/from the exhibit. Can it get damaged or accidentally hurt a member of public?
* Public/Audience Interaction – If you are doing any demonstrations, how do you ensure the safety of yourselves and members of public (participants and observers)?
* Set up & Pack Down – How do you ensure your display is stable and doesn’t fall. Remember public interactions.
* Manual Handling – do you need to lift or carry your project or other heavy/awkward items?
* Electrical Safety – If you need power, how do you ensure you’re not overloading power circuits and that nobody trips over any power cables?
* Unauthorised Access to your display/project – how do you keep people safe if you have to leave your project unattended? Consider children walking around.
* Security & Privacy – are you collecting personal information/photos from public or participants, including digital information. How are you managing this?
* If part or all of your exhibit was to break/spill, how is it safely cleaned and disposed of?
 | * Noise
* Dust
* Infectious agents or materials
* Chemicals
* Radiation
* Engineered nanoparticles
* Animals
* Electric shock
* Other
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| Steps in the Task (Your methodology – consider: transporting your project to the event, any demonstrations, packing up etc) | Hazards | Inherent Risk Score | Control Description(Current and Proposed) | Control Type | Residual Risk Score |
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| STEP 4 – ImpleMEntation and consultation process |
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| Determine the person responsible for reviewing and implementing the risk assessment including the identified controls. Ensure a Health & Safety: Action plan has been completed, reviewed and signed off where proposed controls have been identified.Obtain the authorisation of the management representative.Ensure the HSR (if applicable) has been consulted. Ensure the employees undertaking the activity have been consulted. **Record below the names of the persons consulted.** |
| Management representative |       | HSR/Employee representative |       |
| Employee(s) |       | Employee(s) |       |
| Employee(s) |       | Employee(s) |       |
| Person Responsible for implementation or escalation |       |

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| Extra writing room - use this page to enter extended comments or descriptions |
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For use in conjunction with the [Health & Safety: Risk management requirements](https://safety.unimelb.edu.au/__data/assets/pdf_file/0007/2080744/health-and-safety-risk-management-requirements.pdf).

For further information, refer to <http://safety.unimelb.edu.au/management/implement> or contact your [Health and Safety Business Partner](http://safety.unimelb.edu.au/people/community).