GENERAL RISK ASSESSMENT FORM : 3 VARIABLE

WITHOUT AN OHS ACTION PLAN

STEP 1 – ENTER INFORMATION ABOUT THE ACTIVITY/TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT

Ra No.:	Date:	Version No.:	Review Date:	Authorised by:

Location name:	Building No.:	Room No.:	Date:	Assessed by:	Health and Safety Rep.:
MAILROOM 688 ELIZABETH STREET	247	GROUND	19/2/2014	Tony Campbell & Joe Vernali	Garth Hardiman

Description of activity/task:

RECEIPT OF MAIL.

Workplace conditions (Describe layout and physical conditions - including access and egress)

HE LOADING BAY IS AT THE BACK OF THE BUILDING AND HAS NO THROUGH TRAFFIC. ENTRY IS VIA A SET OF DOUBLE ACCES CONTROLLED DOORS . THE FLOORS IN THE MAIL ROOM ARE VINYLL CLAD, WITH NO TRIPPING HAZARDS OR STAIRS TO NEGOTIATE.

List systems of work for the activity/task: ☒ Training procedure ☒ Inspections ☐ SOPs ☒ Existing controls ☐ Emergency situations	PUSHING MAIL AROUND THE MAIL ROOM. CHECKING PATHS ARE CLEAR. CHECK TUBS AND ENSURE WEIGHT IS NOT EXCESSIVE
Is there past experience with the activity/task that may assist in the assessment? ☒ Existing controls ☐ SOPs ☐ Standards ☐ Industry standards ☐ Incidents & near-hits ☒ Legislation & Codes ☒ Training ☐ Incident Investigation ☐ Uni guidance material	MANUAL HANDLING TRAINING IS COMPULSORY FOR ALL STAFF. USE OF TOLLEY TO MOVE MAIL TUBS OCCUPATIONAL HEALTH AND SAFETY ACT 2004 OCCUPATIONAL HEALTH AND SAFETY REGULATIONS 2007-3.1

FOR REFERENCE: THREE VARIABLE RISK CALCULATOR – when completing Step 2, refer to the variable definitions, then use the risk score calculator to calculate the risk score

(1) Definitions of exposure variables

Exposure	E
Continuously or many times daily.	10
Frequently: Approximately once daily.	6
Occasionally: Once a week to once a month.	3
Infrequent: Once a month to once a year.	2
Rare: Has been known to occur.	1
Very rare: Not known to have occurred.	0.5

(2) Definitions of likelihood variables

Likelihood	L
Almost certain: The most likely outcome if the event occurs.	10
Likely: Not unusual, perhaps 50-50 chance.	6
Unusual but possible: (e.g. 1 in 10).	3
Remotely possible: A possible coincidence (e.g. 1 in 100).	1
Conceivable: Has never happened in years of exposure but is possible (e.g. 1 in 1,000).	0.5
Practically impossible: Not to knowledge ever happened anywhere (e.g. 1 in 10,000).	0. 1

(3) Definitions of consequence variables

Consequence	C
Catastrophe: Multiple fatalities	100
Disaster: Fatality	50
Very serious: Permanent disability/ill health	25
Serious: Non-permanent injury or ill health	15
Important: Medical attention needed	5
Noticeable: Minor cuts and bruises or sickness	1

(4) Risk score calculator

Risk Score = E x L X C

Risk score	Risk rating
> 600	Very high
300 - 599	High
90 - 299	Medium
< 90	Low

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STEP 2 – IDENTIFY HAZARDS AND ASSOCIATED RISK RATINGS AND CONTROLS

For each of the following prompts:

- **Check the box** for each hazard that may potentially exist for the activity/task;
- Determine and record a **raw risk score** by referencing the three variable risk matrix;
- In the **comments** box, describe when and where the hazard is present;
- Specify the risk **control type**, for each current or proposed risk control;
- Provide a **control description** for each current or proposed risk control;
- Where **proposed risk control(s)** have been identified complete an **OHS Action Plan**;
- Determine and record the residual risk score by referencing the three variable risk matrix.

Hierarchy of Control (Control Type)

EI – Elimination
S – Substitution
En – Engineering Is – Isolation G – Guarding
Sh – Shielding
A – Administrative T – Training In – Inspection
M – Monitoring H – Health Monitoring
P – PPE

CATEGORY	RAW RISK SCORE	COMMENTS (WHEN/WHERE HAZARD IS PRESENT)	CONTROL TYPE	CONTROL DESCRIPTION (CURRENT AND PROPOSED)	RESIDUAL RISK SCORE
Physical hazard identification **Is there potential for?** ☐ Being cut or stabbed ☐ Struck, crushed or entangled ☐ Shearing or friction ☐ Slip, trip or fall ☐ Manual handling/ergonomics ☐ Vibration ☐ Other – specify: _____	6X3X5 90 M	TRIPPING HAZARDS	EI	REMOVE ANY TRIPPING HAZARDS BEFORE MOVING MAIL	L 3X3X1
Environmental conditions hazard identification **Is there potential for?** ☐ Extremes of temperature ☐ High wind or humidity ☒ Inadequate light ☐ Dusts, fumes or vapours ☐ Exposure to UV or other radiation ☐ Uneven terrain/ground ☐ Other – specify: _____	1X1X5 5 L	BLOWN FLURO TUBES	IN	ALL BLOWN FLORO TUBES TO REPORTED VIA BEIMS FOR REPLACEMENT	L 1X1X5
Other activity/task hazard identification Is there potential for? ☐ Noise ☐ Dust ☐ Infectious agents or materials ☐ Chemicals ☐ Radiation ☐ Engineered nanoparticles ☐ Animals ☐ Electric Shock ☐ Other – specify: : _____					

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STEP 3 – IMPLEMENTATION AND CONSULTATION PROCESS

Determine the person responsible for reviewing and implementing the risk assessment including the identified controls. Ensure an **OHS 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 user(s) of the plant have been consulted.

Person Responsible to or escalated to		**Date:**
Signature of management representative		**Date:**
Signature of HSR/employee representative		**Date:**
Signature of employee(s)		**Date:**

Extra writing room - use this page to enter extended comments or descriptions

For use in conjunction with the *OHS risk management procedure*.

For further information, refer to http://safety.unimelb.edu.au/tools/risk/ or contact your local OHS practice expert.

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