

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

RA NO. (IF USED):

Location name:	Building No.:	Date:	Assessed by:	Health & Safety Rep.:
Description of Activity/Task:				
Workplace conditions (Describe layout and physical conditions - including access and egress)				
List systems of work for the Activity/Task:				
<ul style="list-style-type: none"> • Training procedure • Inspections • SOPs 				
Is there past experience with the Activity/Task that may assist in the assessment?				
<ul style="list-style-type: none"> • Existing controls • Industry standards • Training • SOPs • Incidents & near-hits • Incident Investigation • Standards • Legislation & Codes • Uni guidance material 				

FOR REFERENCE: TWO VARIABLE RISK MATRIX – when completing Step 2, refer to the label definitions, then use the risk rating calculator to calculate the risk rating

(1) Definitions of Likelihood Labels				(2) Definitions of Consequence Labels			(3) Risk Rating Calculator					
Level	Likelihood (Probability)			Severity Level	Consequences Types		Likelihood Label	Consequences Label				
	Descriptor	Description	Expected to occur		Health and safety	Natural Environment		I	II	III	IV	V
A	Almost certain	The event will occur on an annual basis	Once a year or more	V Catastrophe	Multiple fatalities, or significant irreversible effects to >50 persons	Very serious, long-term environmental impairment of ecosystem functions.	A	Medium	High	High	Very high	Very high
B	Likely	The event has occurred several times or more in your career	Once every three years	IV Major	Single fatality and/or severe irreversible disability (>30%) to one or more persons		B	Medium	Medium	High	High	Very high
C	Possible	The event might occur once in your career	Once every ten years	III Moderate	Moderate irreversible disability or impairment (<30%) to one or more persons	Serious medium term environment effects	C	Low	Medium	High	High	High
D	Unlikely	The event does occur somewhere from time to time	Once every thirty years	II Insignificant	Objective but reversible disability requiring hospitalization	Moderate, short-term effects but not affecting ecosystem functions	D	Low	Low	Medium	Medium	High
E	Rare	Heard of something like the event occurring elsewhere	Once every 100 years	I Negligible	No medical treatment required	Minor effects on biological of physical Environment	E	Low	Low	Medium	Medium	High

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 **risk rating** by with reference to the Two Variable Risk Matrix overleaf;
- In the **comments** box, describe when and where the hazard is present;
- Specify the risk **control type** from the Hierarchy of Control at right, for each current or proposed risk control;
- Provide a **control description** for each current or proposed risk control.

Hierarchy of Control (Control Type)

EI - Elimination
 S – Substitution
 En – Engineering Is- Isolation G- Guarding
 A – Administrative T- Training In- Inspection
 P – PPE

Activity/Task Hazard Identification	Risk Rating	Comments (when and where hazard is present)	Control Type	Control Description (Current & Proposed)
Is there potential for? <input type="checkbox"/> Being cut or stabbed <input type="checkbox"/> Struck, crushed or entangled <input type="checkbox"/> Electric shock <input type="checkbox"/> Manual handling/ergonomics <input type="checkbox"/> Infectious agents or materials <input type="checkbox"/> Vibration <input type="checkbox"/> Other factors – specify: _____				
Workplace Conditions Hazard Identification Is there potential for? <input type="checkbox"/> Extremes of temperature <input type="checkbox"/> High wind or humidity <input type="checkbox"/> Inadequate light <input type="checkbox"/> Dusts, fumes or vapours <input type="checkbox"/> Exposure to UV or other radiation <input type="checkbox"/> Emergency situations <input type="checkbox"/> Other factors – specify: _____				
Environmental Aspects Hazard Identification Is there potential for? <input type="checkbox"/> Energy consumption <input type="checkbox"/> Nuisance noise <input type="checkbox"/> Dust <input type="checkbox"/> Water consumption <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Hazardous emissions <input type="checkbox"/> Other factors – specify: _____				

STEP 3 – COMPLETE THE IMPLEMENTATION OR ESCALATION PLAN

Determine the person responsible for deciding upon and implementing the proposed controls. Obtain the authorisation of the Management Representative.

Ensure the HSR (if applicable) has been consulted. Ensure the person(s) performing the Activity/Task have been consulted.

Person Responsible or Escalated to		Controls due date	
Signature of Management Representative		Date	
Signature of HSR		Date	
Signature of person performing Activity/Task		Date	

For use in conjunction with *Environment, Health & Safety Manual 3.1.New. Risk Management*.

For further information, refer to <http://www.pb.unimelb.edu.au/ehs/riskmanagement/> or contact your EHS Adviser/Manager in the EHS Unit.

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