

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 • SOPs 		<ul style="list-style-type: none"> • Inspections 		
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 		<ul style="list-style-type: none"> • SOPs • Incidents & near-hits • Incident Investigation • Standards • Legislation & Codes • Uni guidance material 		

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) Definition of Exposure Variable		(2) Definition of Likelihood Variable		(3) Definition of Consequences Variable		(4) Risk Score Calculator	
Exposure	E	Likelihood	L	Consequences	C	Risk Score	Risk Rating
Continuously or many times daily.	10	Almost certain: The most likely outcome if the event occurs.	10	Catastrophe: Multiple fatalities, permanent extensive environmental damage.	100	Risk Score = E x L x C	
Frequently: Approximately once daily.	6	Likely: Not unusual, perhaps 50-50 chance.	6	Disaster: Fatality, permanent local, damage to environment	50		
Occasionally: Once a week to once a month.	3	Unusual but possible: (e.g. 1 in 10).	3	Very serious: Permanent disability/ill health, non-permanent environmental damage.	25		
Infrequent: Once a month to once a year.	2	Remotely possible: A possible coincidence (e.g. 1 in 100).	1	Serious: Non-permanent injury or ill health. Adverse effect on environment	15		
Rare: Has been known to occur.	1	Conceivable: Has never happened in years of exposure but is possible (e.g. 1 in 1,000).	0.5	Important: Medical attention needed, off-site emission but no damage.	5		
Very rare: Not known to have occurred.	0.5	Practically impossible: Not to knowledge ever happened anywhere (e.g. 1 in 10,000).	0.1	Noticeable: Minor cuts and bruises or sickness, small loss of containment, no off-site consequences.	1	> 600	Very High
						300 - 599	High
						90 - 299	Medium
						< 90	Low

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 Three Variable Risk Calculator 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 Score	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"/> Manualhandling/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 AspectsHazard 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