|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***PLANT DESCRIPTION:*** | **⏵** | ***Assessed by:*** | ***College/ Portfolio*** | ⏵      |
| ***NAME(S):*** | ⏵      |
| ***RISK ASSESSMENT NO:*** | **⏵** | ***Assessment Date:*** | ⏵ | ***Review Date:*** | ⏵when circumstances, procedures &/or information change | ***Area Supervisor:***⏵      |

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| ***Plant details (if relevant):*** |  | ***\*Associated / cross-reference documents (if relevant):*** |
| *Location:* | ⏵      | *Make/Model:* | ⏵      |  | *HazChem RA(s)* | ⏵      | *SWP:* |
| *Serial #:* | ⏵      | *Asset/EST #:* | ⏵      |  | *Plant RA(s)* | ⏵      | ⏵      |

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| Identified Hazards | **Risk Assessment** | **Risk****Level****(see matrix )** | **Required Controls****(consider control hierarchy)** | **Residual Risk** | **Risk****Level****(see matrix )** | **Controls****implemented** |
| **Hazard Class** | **Hazard Description Prompts** | **Comment / Specific Details** | **Consequence** | **Likellihood** |  |  | **Consequence** | **Likellihood** |  | **Yes** | **No** |
| **Physical** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Environment** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Chemical** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Biological** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Radiation** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Ergonomic** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Training** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Combination** |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  |  | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
| **Other** | ⏵      | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |
|  | ⏵      | ⏵      |  |  |  | ⏵      |  |  |  | [ ]  | [ ]  |

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| **ADDITIONAL INFORMATION:** |
|  | ***List any relevant Standards, Regulations, Codes of Practice, policies pertinent to the design and/or safe operation of this plant:*** |
|  | ⏵      | ⏵      |  |
|  | ⏵      | ⏵      | **YES** | **NO** |
|  | ***Is this plant required to be registered under the Work Health and Safety Regulations?*** | [ ]  | [ ]  |
|  | If YES, is inspection and maintenance information available? | [ ]  | [ ]  |
|  |  |  |  |
|  | ***Is the operator of this plant/equipment required to be licenced, certificated or deemed competent?*** | [ ]  | [ ]  |
|  | If YES, is relevant documentation available? | [ ]  | [ ]  |
|  |  |  |  |
|  | ***Is an operation manual available for this plant/equipment?*** | [ ]  | [ ]  |
|  |  |  |  |
|  | ***\*Have you identified any hazardous chemicals used with this plant/equipment? – You must risk assess all associated hazardous chemicals.*** | [ ]  | [ ]  |
|  | If YES, please enter document cross-reference details on page 1. |  |
|  |  |  |  |
|  | ***\*Have Safe Work Procedures been developed for this plant/equipment?*** | [ ]  | [ ]  |
|  | If YES, please enter document cross-reference details on page 1. |  |

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| **SUMMARY OF RISK:****Review the risk measured, and the controls, then please select the relevant risk summary statement**: |
| **A** | The assessment reveals that the potential risk to health from the use of the plant is not currently significant | [ ]  |
| **B** | The assessment reveals that the potential risk to health from the use of the plant is significant, however controls are in place that reduce risk to acceptable levels | [ ]  |
| **C** | The assessment reveals that the potential risk to health from the use of the plant is significant. Interim controls are in place to reduce risk to acceptable levels. | [ ]  |

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| **Approved by Area Supervisor:** | **⏵** |  | ⏵      |
|  | ***signature*** |  | ***date*** |

**REVIEW OF CONTROL MEASURES**

Control measures are effective – yes [ ]  \*no [ ]  (\*If no, you must do another Risk Assessment)

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| --- | --- | --- | --- |
| Date Reviewed:  | ⏵      | Signed:  | **⏵** |

**HOW TO ASSESS THE RISK**

**Step C – Calculate the Risk Level**

1. Take the Step A rating and select the correct line in the matrix below.
2. Take the Step B rating and select the correct column in the matrix below.
3. Circle the risk level where the two ratings cross in the matrix below

Risk level =

|  |  |
| --- | --- |
| **Step A - Consider the consequences** | **Step B - Consider the likelihood** |
| For each hazard, consider the consequences if something happens. Consider what could reasonably have happened, as well as what actually happened (if there was an accident/incident). Look at the descriptions below and choose the most suitable consequence below. | How likely is it that something will happen as a result of the hazard?Choose the most suitable Likelihood below. |
| **Consequence** | **Description** | **Likelihood** | **Description** |
| Catastrophic | May cause death or permanent disability, and/or permanent ill health | Very likely | Expected to occur in most circumstances |
| Major | Severe injury or illness | Likely | Will probably occur in most circumstances |
| Minor | Minor (usually reversible) injury or illness resulting in days off work | Possible | Might occur occasionally |
| First Aid | First aid level medical treatment | Unlikely | Could happen at some time |
| Negligible | No treatment required | Highly unlikely | May happen only in exceptional circumstances |



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| **Control Hierarchy** |
| Elimination | *Remove hazard* |
| Substitution | *Use a less hazardous alternative* |
| Isolation | *Eg Restrict access, use in a closed container, fume cabinet* |
| Engineering | *Eg Trolleys to move loads, guards on machinery, Fume cupboard* |
| Administration | *Eg: Training, Safe Work Procedure, signage* |
| PPE - PersonalProtective Equipment | *Eg: Gloves, respirator, safety glasses* |

**Risk Matrix**

|  |  |
| --- | --- |
| **Consequence** | **Likelihood** |
| **Very likely** | **Likely** | **Possible** | **Unlikely** | **Highly unlikely** |
| **Catastrophic** | Extreme | High | High | High | Medium |
| **Major injury** | High | High | High | Medium | Medium |
| **Minor injury** | High | Medium | Medium | Medium | Medium |
| **First aid** | Medium | Medium | Medium | Low | Low |
| **Negligible** | Medium | Medium | Low | Low | Low |