|  |  |  |
| --- | --- | --- |
| Workplace (School/Institute/Unit): | | |
| Assessment No: | Assessment Date: / / | Review Date: / /  (3 years maximum) |
| *What is being assessed? Describe the item, job, process, work arrangement:* | | |
| Step 1 – Form a team of assessors. Decide who else should be consulted. | | |
| Assessor(s):  Others consulted: (e.g. elected health and safety representative, other personnel exposed to risks) | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Step 2 – Identify the hazards associated with the thing or situation being assessed | | | | | |
| Hazards: Potential to cause harm to people, property or the environment.  Tick the applicable hazards | | | | | |
| **General Work Environment** | | **Health and Security** | | **Plant and equipment** | |
| Restricted access or egress |  | Food |  | Vehicles |  |
| Confined spaces |  | Poisoning or contamination |  | Mobile and fixed plant |  |
| Air-conditioning (thermal comfort) |  | Intoxication |  | Powered equipment |  |
| Air quality |  | Dehydration |  | Non-powered equipment |  |
| Lighting |  | Violence |  | Elevated Work Platforms |  |
| Noise (discomfort) |  | Working alone or in isolation |  | Pressure vessel |  |
| Outdoors (sun exposure) |  | Working in remote areas |  | Laser (Class 2 or above) |  |
| Uneven walking surfaces |  | Bites / Stings |  | Traffic control |  |
| Working at height |  |  |  | Electrical |  |
|  |  | **Chemical** | | Vibration |  |
| **Ergonomic/manual handling** | | Hazardous chemicals |  | Moving parts |  |
| Workstation set up |  | Explosives |  | Acoustic / Noise |  |
| Poor posture |  | Engineered nanomaterials |  |  |  |
| Lifting / Carrying |  | Gas cylinders |  | **Temperature / Weather effects** | |
| Pushing / Pulling |  |  |  | Heat |  |
| Reaching/overstretching |  | **Radiation** | | Cold |  |
| Repetitive movement |  | Ionising radiation |  | Rain / Flood |  |
| Bending |  | Ultraviolet (UV) radiation |  | Wind |  |
| Eye strain |  | Radiofrequency/microwave |  | In or on water |  |
|  |  | Infrared radiation |  | Pressure (Diving / Altitude) |  |
| **Work design and management** | |  |  | Lightning |  |
| Fatigue |  | Biological | | Smoke |  |
| Workload |  | Microbiological |  |  |  |
| Mental stress |  | Animal tissue / Fluids |  | **OTHER** | |
| Organisational change |  | Human tissue / Fluids |  |  |  |
| Work violence or bullying |  | Allergenic |  |  |  |
| Inexperienced or new personnel |  | Other Biological |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List the hazards identified from above** | | | | | | | | | | | |
| 1. |  | | | | | 6. | |  | | | |
| 2. |  | | | | | 7. | |  | | | |
| 3. |  | | | | | 8. | |  | | | |
| 4. |  | | | | | 9. | |  | | | |
| 5. |  | | | | | 10. | |  | | | |
| Any specific circumstances (describe): | | | | | | | | | | | |
| Persons at risk (list): | | | | | | | | | | | |
| Any relevant regulation, code, standard or guideline (list): | | | | | | | | | | | |
| **Step 3 – Risk Assessment**  **Step 4 – Risk controls** | | | For each identified hazard rate the risk using the Risk Rating Matrix.  Detail controls measures required to address the risks applying the Hierarchy of Controls | | | | | | | | |
| Controls to be considered from the following hierarchy of control | | | | | | | | | | | |
| 1. Elimination (is it necessary?) 2. Substitution 3. Isolation (restrict access) 4. Engineering (guarding, redesign) | | | | | | | 1. Administration (training. SOPs,) 2. Personal Protective Equipment (PPE) (e.g. gloves, leather apron, coveralls, respirator) | | | | |
| **Identified Hazards**  **Exposure** | | | | **Risk assessment** | | | **Risk Rating** | | **Required Controls** | **Controls Implemented** | |
| **Consequences** | **Likelihood** | |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
|  | | | |  |  | |  | |  | Yes | No |
| **Is the risk?** (Tick one) | | Adequately controlled. No further action required - Sign off form as completed. | | | | | | | | | |
| Inadequately controlled. Further Action/Investigation required. Continue with Step 5. | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Step 5 – Implementation Plan (for controls not already in place) | | | |
| Control Option | Resources | Person(s) responsible | Proposed implementation date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Step 6 – Comments and endorsements | | | |
| Name: Signature: Date: | | | |
| **Assessment Approval:** (e.g.Principal researcher, Head of research group, Head of School, Technical Services Manager)  I am satisfied that the risks are not significant and/or adequately controlled and that resources required will be provided.  Name: Signature: Date:  Position Title: | | | |

**Risk Assessment Matrix**

**Prioritising Hazards and Risks**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consequence | Probability | | | | |
|  | Very Likely | Likely | Unlikely | Highly Unlikely |
| Life Threatening | High | High | High | Medium |
| Detrimental | High | High | Medium | Medium |
| Harmful | High | Medium | Medium | Low |
| Negligible | Medium | Medium | Low | Low |

**Hazard Consequence Rating Table**

|  |  |
| --- | --- |
| Life Threatening | Hazard may cause death or total loss of one or more bodily functions (e.g. loss of: or use an arm, an eye, huge financial loss). |
| Detrimental | Hazard may cause severe injury, illness or permanent partial loss of one or more bodily functions (e.g. noise induced hearing loss), or serious property damage, loss of production capability. |
| Harmful | Hazard may cause a reportable incident i.e.. an incident that results in the employee being unable to undertake their normal duties for 7 days or more, or significant property damage, high financial loss. |
| Negligible | Hazard may cause minor injury, illness or property damage, first aid treatment only or no injury, low financial loss. |

**Probability Rating Table**

|  |  |
| --- | --- |
| Very Likely | Exposure to hazard likely to occur frequently. |
| Likely | Exposure to hazard likely to occur but **not** frequently. |
| Unlikely | Exposure to hazard unlikely to occur. |
| Highly Unlikely | Exposure to hazard so unlikely that it can be assumed that it will not happen. |

**Risk Priority Table**

|  |  |  |
| --- | --- | --- |
| Risk Priority | Definitions of Priority | Suggested  Time Frame |
| High | Situation critical, stop work immediately or consider cessation of work process.  Must be fixed today, consider short term and/or long term actions. | Now |
| Medium | Is very important, must be fixed this week, consider short term and/or long term actions. | This week |
| Low | Is still important but can be dealt with through scheduled maintenance or similar type programming. However, if solution is quick and easy then fix it today.  Review and/or manage by routine procedures. | 1–3 months |