



PROJECT RISK ASSESSMENT:

This form is to be completed in conjunction with the Plant Hazard Identification Form and in accordance with the Hazard Management Policy/Procedure and Plant and Equipment Safety Management Policy/Procedure.

Overall risk rating
(existing controls)
highest score
eg L, M, VH, H

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STEP 1: ENTER INFORMATION ABOUT THE ITEM OF PLANT/EQUIPMENT, IT'S LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT

Campus	School/Branch	Building	Room	Date assessed:
Plant (Include name and model) ⁱ		Review date:		
Purpose of Plant				
AFFIX PHOTO HERE	<p style="text-align: center;">REGISTRATION/LICENCES/COMPETENCIES (Refer Appendix B)</p> <p>Registration required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Licence/ Trade certificate required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Supervisor assessment required? (Induction required for this plant) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other competency required? <input type="checkbox"/> Yes <input type="checkbox"/> No Include in Safe Operating Procedure</p>	<p style="text-align: center;">LEGISLATION</p> <p>OHS Legislation and/or Australian Standard to be used for further reference. <u>OHS Regulations (1995) Divisions:</u></p> <ul style="list-style-type: none"> ▪ 1.2 OHS Responsibilities ▪ 1.3 Information, Instruction, Training, Induction, Supervision ▪ 2.10 Noise ▪ Part 3 Plant (including) <ul style="list-style-type: none"> ▪ 3.2.25 Plant with moving parts ▪ 3.2.15 Hazard Management ▪ 3.2.17 Control of risk <p>AS 4024 - 2006 Safety of machinery AS 1788 Abrasive wheels AS 60204.1 electrical equipment for industrial machines</p>	<p style="text-align: center;">RISK ASSESSMENT TEAM</p> <p>Operator:</p> <p>HSO/Manager:</p> <p>HSR:</p> <p>Other:</p> <p>Other:</p> <p>Risk assessment rating and action required endorsed by Head of School/Branch (see also Step 3)</p> <p style="text-align: center;">/ /</p> <p>_____ (Signature) _____ (Name)</p>	

PROJECT RISK ASSESSMENT:

LEGEND		
<input type="checkbox"/> El = Elimination	<input type="checkbox"/> Is = Isolation	<input type="checkbox"/> CAR = Corrective Action Register
<input type="checkbox"/> Su = Substitution	<input type="checkbox"/> Ad = Administration	
<input type="checkbox"/> En = Engineering	<input type="checkbox"/> PPE = Personal Protective Equipment	

Hazard Identified	Likelihood	Consequence	Score	Comments (i.e. when and where hazard is present, task/activity)	Hierarchy of Control	Current Controls	Action Required? Y / N	Tfr to CAR Y / N
Can the following items become entangled (eg in moving parts)?								
<input type="checkbox"/> Yes (e.g. Hair, Jewellery, Clothing, Cleaning aids (cloth), Gloves or Other _____) <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Are Emergency Stop buttons adequate?								
<input type="checkbox"/> Yes (within easy reach and clearly marked) <input type="checkbox"/> No <input type="checkbox"/> Other issues _____ <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			

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Hazard Identified	Likelihood	Consequence	Score	Comments (i.e. when and where hazard is present, task/activity)	Hierarchy of Control	Current Controls	Action Required? Y / N	Tfr to CAR Y / N
Can anyone be crushed by:								
<input type="checkbox"/> Plant falling or unexpected movement of the plant eg <input type="checkbox"/> Tipping <input type="checkbox"/> Falling <input type="checkbox"/> Rolling over <input type="checkbox"/> Rolling forward <input type="checkbox"/> The plant's load <input type="checkbox"/> Under/between plant and a structure eg wall <input type="checkbox"/> Inability to apply brake <input type="checkbox"/> Falling off the plant <input type="checkbox"/> Part of the plant collapsing/changing shape <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone be cut, stabbed or punctured, amputated by coming into contact with:								
<input type="checkbox"/> Moving plant or parts <input type="checkbox"/> Sharp or flying objects <input type="checkbox"/> Work pieces ejected <input type="checkbox"/> Work pieces disintegrating <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			

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Hazard Identified	Likelihood	Consequence	Score	Comments (i.e. when and where hazard is present, task/activity)	Hierarchy of Control	Current Controls	Action Required? Y / N	Tfr to CAR Y / N
Can anyone be injured from an electrical shock?								
<input type="checkbox"/> Water near equipment <input type="checkbox"/> Plant located near or in contact with exposed live electrical conductors <input type="checkbox"/> Leads/switch in poor condition <input type="checkbox"/> Overhead and underground wires <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone be injured by an explosion?								
<input type="checkbox"/> Gas <input type="checkbox"/> Vapour <input type="checkbox"/> Dust <input type="checkbox"/> Liquid <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone be burnt due to Friction?								
<input type="checkbox"/> Contact with moving parts or surface of the plant <input type="checkbox"/> Material handled by the plant <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			

PROJECT RISK ASSESSMENT:

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Can anyone be struck by moving objects due to:								
<input type="checkbox"/> Plant/materials being ejected <input type="checkbox"/> Plant/material movement <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone suffocate due to:								
<input type="checkbox"/> Lack of oxygen <input type="checkbox"/> Atmospheric contamination <input type="checkbox"/> Engulfment <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone be burnt due to:								
<input type="checkbox"/> High/low temperature <input type="checkbox"/> Naked flame <input type="checkbox"/> Steam <input type="checkbox"/> Laser beams <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			

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Can anyone be affected by temperature extremes?								
<input type="checkbox"/> Exposure to high temperature <input type="checkbox"/> Exposure to low temperature <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone slip, trip or fall due to:								
<input type="checkbox"/> The location of the plant <input type="checkbox"/> Uneven work surfaces <input type="checkbox"/> Lack of safe guards (eg rails) <input type="checkbox"/> Slippery work surfaces <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone come into contact with Fluids or Gases under high pressure due to:								
<input type="checkbox"/> Failure of the plant <input type="checkbox"/> Nature of the plant <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			

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Can anyone injured due to Ergonomic issues due to:								
<input type="checkbox"/> Repetitive body movement or posture <input type="checkbox"/> Insufficient space <input type="checkbox"/> Excessive effort (push/pull) <input type="checkbox"/> Working at a height <input type="checkbox"/> Seating design <input type="checkbox"/> Poor lighting <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			
Can anyone be injured or suffer ill health from exposure to other hazards?								
<input type="checkbox"/> Chemicals <input type="checkbox"/> Radiation <input type="checkbox"/> Fumes <input type="checkbox"/> Dusts <input type="checkbox"/> Vibration <input type="checkbox"/> Noise <input type="checkbox"/> Toxic gases or vapours <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			

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Does the plant generate significant environmental hazards								
<input type="checkbox"/> Energy consumption <input type="checkbox"/> Water consumption <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Hazardous emissions <input type="checkbox"/> Nuisance noise <input type="checkbox"/> Produce ignition to the surrounding area <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE			

STEP 3: ACTION REQUIRED BY MANAGER/SUPERVISOR/AUTHORISED PERSON (Note: Sign off required by Head of School/Branch on Page 1)

- All action items have been transferred to the Corrective Actions Register (CAR)
- If no actions required and residual risk is medium to very high, the activity and the hazard(s) have been transferred to the Hazard Register and communicated to the relevant personnel.

PROJECT RISK ASSESSMENT:

RISK ASSESSMENT TABLES

Likelihood Table

CATEGORY	DESCRIPTION
Almost Certain	Incident will occur at some time (0 – 1 month)
Likely	Incident could occur at some time (1 month – 1 year)
Possible	Incident is possible to occur (1 year – 2 years)
Unlikely	Incident is possible, but unlikely to occur (2 years – 5 years)
Rare	Cannot imagine that this could occur (over 5 years)

Consequences Table

CATEGORY	DESCRIPTION
Minor	Effects unlikely to last until the next day.
First Aid	Likely to affect employee the next day.
Major	Medical Treatment injury needs formal medical treatment
Critical	Injury requiring extensive medical treatment and/or hospitalization
Catastrophic	Injury resulting in death or permanent incapacity

Risk Score Calculator

Likelihood	Consequences				
	Minor	First Aid	Major	Critical	Catastrophic
Almost certain	Medium	High	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	High

Risk Priority Table

Descriptor	Priority	Action
Very High	1	Immediate action required. The activity should cease immediately and short-term safety controls implemented. Notify Manager and assess activity.
High	2	Implement short-term safety controls immediately. Notify Manager and assess activity
Medium	3	Short-term safety controls implemented to minimise risk of injury. Notify Manager and assess activity. Corrective Actions within one month.
Low	4	Notify Manager and assess activity. Corrective Actions within three months (if possible).