|  |  |  |  |
| --- | --- | --- | --- |
| **Committee:** |  | **Area:** |  |
| **Location:** |  | **Incident Date:** |  | **Assessment Date:** |  |
| **Incident/Project/Event:** |  |  | **Risk Type:** (circle the relevant box where assessment is restricted)**OHS Property Liability/Professional Indemnity** |
| **Assessor/s** |  |  |
| This risk assessment and the controls defined within it are an essential component of the specification and contract. Any proposed changes to the project during construction will not take place without documented re-assessment of risks to ensure no unacceptable risks are introduced.**Description:**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**Hazards/Exposures** (tick or cross all applicable)

|  |  |  |
| --- | --- | --- |
| **Occupational Health and Safety/Public Liability** | **Property & Other** | **Contributors** (incident Analysis) |
| **Chemical** |  | **Asbestos** |  | **Moving Equipment** |  | **Electrical** |  | **Heat** |  | **Arson** |  | **Fraud** |  | **Accountabilities** |  |
| **Fumes** |  | **Barriers** |  | **Guarding** |  | **Fluids** |  | **Steam** |  | **Fire** |  | **Advice** |  | **Training/ Awareness** |  |
| **Vapours** |  | **Confined Space** |  | **Material Storage** |  | **Hydraulic** |  | **Fire** |  | **Storm/Water** |  | **Disability Access** |  | **Monitor/Supervision** |  |
| **Fibres** |  | **Manual Handling** |  | **Slippery Surface** |  | **Pneumatic** |  | **Water** |  | **Security** |  |  |  | **Design** |  |
| **Flammable** |  | **Working at Heights** |  | **Concealed Cables** |  | **Thermal** |  | **Vibration** |  | **Vandalism** |  |  |  | **Inspection/Maintenance** |  |

**Risk Analysis and Controls:** (Address all identified Hazards/Risk Areas of Concern. All Contributors should be considered for significant incidents and status documented)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazards/Exposures** | **Injury/Loss Scenarios** (how could injury or loss arise?- there may be more than one scenario) | **Risk Rating\*** | **Control Measure** | **Control to be implemented by** (or agreed by for Design risk analysis)**Who**  **Date** | **Completion Date** |
|  |  |  |  |  |  |  |
| **Hazards/Exposures** | **Injury/Loss Scenarios** (how could injury or loss arise?- there may be more than one scenario) | **Risk Rating\*** | **Control Measure** | **Control to be implemented by** (or agreed by for Design risk analysis)**Who:**  **Date:** | **Completion Date:** |

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| **CONDUCTING A RISK ASSESSMENT AND HAZARD IDENTIFICATION FORM****Step 1: Class of Risk:****The Class of Risk is assessed by considering the** LIKELIHOOD **of an injury or incident occurring and the** CONSEQUENCES **if it does occur.**1a. Likelihood (probability and indicative frequency of exposure)

|  |  |  |
| --- | --- | --- |
| **Descriptor** | Rating | Description |
| **Eliminated** | 0 | Risk eliminated |
| **Unlikely** | 1 | May occur, but only in exceptional circumstances |
| **Possible** | 2 | Might occur at some time. |
| **Likely** | 3 | Will probably occur in most circumstances. |
| **Almost certain** | 4 | Is expected to occur in most circumstances. |
| **Certain** | 5 | Is expected to occur in all circumstances. |

**1b. Rate consequence –****Consequence (likely outcome of exposure)**

|  |  |  |
| --- | --- | --- |
| **Descriptor** | Rating | Description |
| **Minor** | 1 | No injuries, bruising, temporary rash / irritation, low financial loss. Dealt with by site personnel, no environmental damage. |
| **Important** | 2 | First aid treatment, irritation, burning with withdrawal from exposure, discomfort, nausea, on-site release immediately contained, minor financial loss. |
| **Serious** | 3 | Medical treatment, chemical burn which may heal with treatment, unconsciousness, medium financial loss, some environmental damage. |
| **Major** | 4 | Extensive injuries, permanent disability, major financial loss. |
| **Catastrophic** | 5 | Death, huge financial loss. |

|  |  |  |
| --- | --- | --- |
| **Score** | **Assessment of Risk** | **Priority of Action** |
| **1-2** | **LOW** | Address or repair if low cost. Schedule for action after other risks have been controlled. |
| **3-7** | **MEDIUM** | Further improvements required: assess feasibility for risk controls; management sign-off required if the risk/s are to be accepted |
| **8-12** | **HIGH** | Risk controls required as soon as possible. |
| **+13** | **EXTREME** | Immediate attention required. Consider shutdown or cessation of process until additional risk controls are implemented. |

 | **1c Risk Rating is Likelihood x Consequence** Find risk rating figure in Risk Rating Matrix table below and identify risk in Legend table.

|  |  |
| --- | --- |
| LIKELIHOOD | CONSEQUENCE |
|  | **(Minor)****1** | **(Important)****2** | **(Serious)****3** | **(Major)****4** | **(Catastrophic)****5** |
| **Eliminated** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Unlikely** | **1** | **1** | **2** | **3** | **4** | **5** |
| **Possible** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Likely** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Almost Certain** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Certain** | **5** | **5** | **10** | **15** | **20** | **25** |

**1d. Legend**

|  |  |  |
| --- | --- | --- |
| **Score** | **Assessment of Risk** | **Priority of Action** |
| **1-2** | **LOW** | Address or repair if low cost. Schedule for action after other risks have been controlled. |
| **3-7** | **MEDIUM** | Further improvements required: assess feasibility for risk controls; management sign-off required if the risk/s are to be accepted |
| **8-12** | **HIGH** | Risk controls required as soon as possible. |
| **+13** | **EXTREME** | Immediate attention required. Consider shutdown or cessation of process until additional risk controls are implemented. |

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