



U3A ROCKHAMPTON

# Risk Assessment Form

Use this template to document a risk assessment to manage health and safety hazards and risks.

|   |       |
|---|-------|
| Activity description:<br>Activity Location: |       |
| Conducted by:                               | Date: |

## Step 1: Identify the hazards

|  |   |   |  |
|--|---|---|--|
| <b>Biological (e.g. hygiene, disease, infection)</b>   |   |   |  |
| <input type="checkbox"/> Blood/bodily fluid  | <input type="checkbox"/> Virus/disease  | <input type="checkbox"/> Food handling              |  |
| Other/details:   |   |   |  |
| <b>Chemicals (note: refer to the label and safety data sheet (SDS) for the classification and management of all chemicals)</b> |   |   |  |
| <input type="checkbox"/> Non-hazardous chemical(s)   | <input type="checkbox"/> Hazardous chemical (refer to a completed hazardous chemical risk assessment) |   |  |
| Name of chemical(s)/details:   |   |   |  |
| <b>Critical incident – resulting in:</b>   |   |   |  |
| <input type="checkbox"/> Lockdown  | <input type="checkbox"/> Evacuation   | <input type="checkbox"/> Disruption                 |  |
| Other/details:   |   |   |  |
| <b>Energy systems – incident/issues involving:</b>   |   |   |  |
| <input type="checkbox"/> Electricity (incl. mains and solar)   | <input type="checkbox"/> LPG gas  | <input type="checkbox"/> Gas/pressurised containers |  |
| Other/details:   |   |   |  |
| <b>Environment</b>   |   |   |  |
| <input type="checkbox"/> Sun exposure  | <input type="checkbox"/> Water (creek, river, beach, dam)   | <input type="checkbox"/> Sound/noise                |  |
| <input type="checkbox"/> Animals/insects   | <input type="checkbox"/> Storms/weather   | <input type="checkbox"/> Temperature (heat, cold)   |  |
| Other/details:   |   |   |  |
| <b>Facilities/built environment</b>  |   |   |  |
| <input type="checkbox"/> Buildings and fixtures  | <input type="checkbox"/> Driveway/paths/ steps/ ramps   | <input type="checkbox"/> Workshops/work rooms       |  |
| <input type="checkbox"/> Park / Gardens equipment  | <input type="checkbox"/> Furniture  | <input type="checkbox"/> Swimming pool              |  |
| Others/details:  |   |   |  |
| <b>Machinery, plant and equipment</b>  |   |   |  |
| <input type="checkbox"/> Machinery (fixed plant)   | <input type="checkbox"/> Machinery (portable)   | <input type="checkbox"/> Hand tools                 | <input type="checkbox"/> Vehicles/trailers |
| Other/details:   |   |   |  |
| <b>Manual tasks/ergonomics</b>   |   |   |  |
| <input type="checkbox"/> Manual tasks (repetitive, heavy)  | <input type="checkbox"/> Working at heights   | <input type="checkbox"/> Restricted space           |  |
| Other/details:   |   |   |  |
| <b>People</b>  |   |   |  |
| <input type="checkbox"/> Members   | <input type="checkbox"/> Visitors   | <input type="checkbox"/> Others                     |  |
| <input type="checkbox"/> Physical  | <input type="checkbox"/> Psychological/stress   | <input type="checkbox"/> Pre-existing Medical       |  |
| Other/details:   |   |   |  |



|                               |
|-------------------------------|
| <b>Other hazards/details:</b> |
|                               |

## Step 2: Assess the level of risk

Consider the hazards identified in Step One and use the risk assessment matrix below as a guide to assess the risk level.

| DoE Risk Management Matrix |               |        |          |         |          |
|----------------------------|---------------|--------|----------|---------|----------|
| Likelihood                 | Consequence   |        |          |         |          |
|                            | Insignificant | Minor  | Moderate | Major   | Critical |
| Almost certain             | Medium        | Medium | High     | Extreme | Extreme  |
| Likely                     | Low           | Medium | High     | High    | Extreme  |
| Possible                   | Low           | Medium | Medium   | High    | High     |
| Unlikely                   | Low           | Low    | Medium   | Medium  | High     |
| Rare                       | Low           | Low    | Low      | Low     | Medium   |

| Consequence      | Description of consequence   |
|------------------|--|
| 1. Insignificant | No treatment required.   |
| 2. Minor         | Minor injury requiring first aid treatment (e.g. minor cuts, bruises, bumps).        |
| 3. Moderate      | Injury requiring medical treatment or lost time.                                     |
| 4. Major         | Serious injury (injuries) requiring specialist medical treatment or hospitalisation. |
| 5. Critical      | Loss of life, permanent disability or multiple serious injuries.                     |

| Likelihood        | Description of likelihood  |
|-------------------|--|
| 1. Rare           | Will only occur in exceptional circumstances.  |
| 2. Unlikely       | Not likely to occur within the foreseeable future, or within the project lifecycle.    |
| 3. Possible       | May occur within the foreseeable future, or within the project lifecycle.              |
| 4. Likely         | Likely to occur within the foreseeable future, or within the project lifecycle.        |
| 5. Almost certain | Almost certain to occur within the foreseeable future or within the project lifecycle. |


| Assessed risk level      |         | Description of risk level   | Actions   |
|--------------------------|---------|---|---|
| <input type="checkbox"/> | Low     | If an incident were to occur, there would be little likelihood that an injury would result.                   | Undertake the activity with the existing controls in place.   |
| <input type="checkbox"/> | Medium  | If an incident were to occur, there would be some chance that an injury requiring first aid would result.     | Additional controls may be needed.  |
| <input type="checkbox"/> | High    | If an incident were to occur, it would be likely that an injury requiring medical treatment would result.     | Controls will need to be in place before the activity is undertaken.  |
| <input type="checkbox"/> | Extreme | If an incident were to occur, it would be likely that a permanent, debilitating injury or death would result. | Consider alternatives to doing the activity. Significant control measures will need to be implemented to ensure safety. |

## Step 3: Control the risk

In the table below:

1. List the hazards/risks you identified in Step One.
2. Rate their risk level (refer to information contained in Step two to assist with this)
3. Detail the control measures you will implement to eliminate or minimise the risk.

Note: control measures should be implemented in accordance with the preferred **hierarchy of control**. If lower level controls (such as administration or PPE) are to be implemented without higher level controls, it is important the reasons are explained.

| Hierarchy of controls   |   |
|---|---|
| Most effective<br>(High level)<br><br><br><br><br><br><br><br><br><br><br><br>Least effective<br>(Low level) | <b>Elimination:</b> remove the hazard completely from the area or activity.                   |
|   | <b>Substitution:</b> replace a hazard with a less dangerous one.                              |
|   | <b>Redesign:</b> changing equipment or process to make it safer.                              |
|   | <b>Isolation:</b> separate people from the source of the hazard.                              |
|   | <b>Administration:</b> putting rules, signage or training in place to make an activity safer. |
|   | <b>Personal protective equipment (PPE):</b> protective clothing and equipment.                |

## Hazards/risks and control measures

| 1. Description of hazards/risks | 2. Risk level | 3. Control measures (Note: if only administration or PPE controls are used, please explain why) |
|---------------------------------|---------------|---|
|                                 |               |   |
|                                 |               |   |
|                                 |               |   |
|                                 |               |   |
|                                 |               |   |



**U3A ROCKHAMPTON**

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|                |  |  |
|                |  |  |
|                |  |  |
| Other details: |  |  |

| Submission   |              |
|--|--------------|
| This activity will be conducted in accordance with this risk assessment, implementing the control measures outlined in Step Three. Changes will be made to the activity, if required, to manage any emerging risks to ensure safety. |              |
| <b>Contact person:</b>   | <b>Date:</b> |
| Indicate those others involved in the preparation of this risk assessment:   |              |

## Step 4: Monitor and review controls

| Complete during and/or after the activity   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are the planned control measures sufficient and effective in minimising the level or risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have there been any changes to the planned control measures?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are further control measures required in future?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Details:  |                          |                          |
| Review completed by:  | Designation:             |                          |
| Signature:  | Date:                    |                          |