



RISK ASSESSMENT FORM

Activity:	Venue:
Coordinator's Name:	Date:

Hazards - Put a cross in the relevant box or boxes.





Biological (e.g. hygiene, disease, infection)			
<input type="checkbox"/> Blood/bodily fluid	<input type="checkbox"/> Virus/disease	<input type="checkbox"/> Food handling	
Other/details:			
Chemicals (note: refer to the label and safety data sheet (SDS) for the classification and management of all chemicals)			
<input type="checkbox"/> Non-hazardous chemical(s)	<input type="checkbox"/> Hazardous chemical		
Name of chemical(s)/details:			
Critical incident – resulting in:			
<input type="checkbox"/> Lockdown	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Disruption	
Other/details:			
Energy systems – incident/issues involving:			
<input type="checkbox"/> Electricity (incl. mains and solar)	<input type="checkbox"/> LPG gas	<input type="checkbox"/> Gas/pressurised containers	
Other/details:			
Environment			
<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:			
Facilities/built environment			
<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:			
Machinery, plant and equipment			
<input type="checkbox"/> Machinery (fixed plant)	<input type="checkbox"/> Machinery (portable)	<input type="checkbox"/> Hand tools	<input type="checkbox"/> Vehicles/trailers
Other/details:			
Manual tasks/ergonomics			

<input type="checkbox"/> Manual tasks (repetitive, heavy)	<input type="checkbox"/> Working at heights	<input type="checkbox"/> Restricted space
Other/details:		
People		
<input type="checkbox"/> Members	<input type="checkbox"/> Visitors	<input type="checkbox"/> Others
Other/details:		
Other hazards/details:		

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

Consequence	Description of consequence
A. Insignificant	No treatment required.
B. Minor	Minor injury requiring first aid treatment (e.g. minor cuts, bruises, bumps).
C. Moderate	Injury requiring medical treatment.
D. Major	Serious injury (injuries) requiring specialist medical treatment or hospitalisation.
E. Critical	Loss of life, permanent disability or multiple serious injuries.


Risk Assessment Matrix					
Likelihood	Consequence				
	A.Insignificant	B.Minor	C.Moderate	D.Major	E.Critical
5. Almost certain	Medium	Medium	High	Extreme	Extreme
4. Likely	Low	Medium	High	High	Extreme
3.Possible	Low	Medium	Medium	High	High
2.Unlikely	Low	Low	Medium	Medium	High
1.Rare	Low	Low	Low	Low	Medium

Assessed risk level	Description of risk level	Actions
 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.
 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.
 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.
 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.

Hierarchy of controls

Most effective
(High level)



Least effective
(Low level)

Elimination: remove the hazard completely from the area or activity.

Substitution: replace a hazard with a less dangerous one.

Redesign: changing equipment or process to make it safer.

Isolation: separate people from the source of the hazard.

Administration: putting rules, signage or training in place to make an area or activity safer.

Personal protective equipment (PPE): protective clothing and equipment.

This activity will be conducted in accordance with this risk assessment, implementing the control measures outlined above. Changes will be made to the activity, if required, to manage any emerging risks to ensure safety.

Name:	Date:
Signature:	
Phone:	Email:
Indicate those others involved in the preparation of this risk assessment:	

Administration Only

Review of controls – Safety Management Team

Complete before and after the activity	Yes	No
1. Are the planned control measures sufficient and effective in minimising the level or risk?	[]	[]
2. Have there been any changes to the planned control measures?	[]	[]
3. Are further control measures required?	[]	[]
Details:		
Review completed and approved by the Safety Management Team		
Name:	Designation: Safety Management Team	
Signature:	Date:	
Risk Assessment approved by Management Committee and authorised by:	Designation:	
Signature:	Date:	