

## OFF-CAMPUS ACTIVITY – HAZARD MANAGEMENT

This tool may be used to assist with hazard identification

OFF-CAMPUS ACTIVITY SAFETY MANAGEMENT CHECKLIST			
<b>Name or description of the off-campus activity</b>		<b>Date</b>	/ /

**HAZARD IDENTIFICATION - Could participants be exposed to any of the following hazards during the off-campus activity?**

<input type="checkbox"/> Amenities are inadequate, insufficient <input type="checkbox"/> Animals that bite, sting, carry disease, are poisonous or are unpredictable <input type="checkbox"/> Biological hazards (e.g. viruses, toxins, bacteria, zoonoses, rubbish, wastewater, mould, animal/human body fluids. Location has known diseases e.g. Ross River) <input type="checkbox"/> Communication issues (e.g. no mobile coverage, noise) <input type="checkbox"/> Disabled access/facilities are inadequate <input type="checkbox"/> Electrical hazards (e.g. portable electrical equipment used in outdoors or wet surroundings, excavation work) <input type="checkbox"/> Emergency evacuation foreseeable (e.g. bushfire, flood, medical) <input type="checkbox"/> Engulfment (e.g. unstable landforms, excavations and trenches) <input type="checkbox"/> Environment – dirty, muddy, dusty, wet, slippery, hot, sunny <input type="checkbox"/> Environment – other (specify) _____ <input type="checkbox"/> Fall from a height (e.g. cliffs, pits, ladders, trees) <input type="checkbox"/> Fire hazard/naked flame (e.g. open fires, fire bans) <input type="checkbox"/> Hazardous chemicals (e.g. fuel, flammables, compressed gases, cryogenics, corrosives, pesticides, solvents) <input type="checkbox"/> Hazardous plant/equipment (e.g. chain saws, drill rigs, neutron probes, moving parts which could crush, fall, cut, entangle) <input type="checkbox"/> Hazardous Manual Tasks – lifting, pushing, or use of manual tools, manual rock breaking, manual excavation, handling heavy, large, bulky or awkward items) <input type="checkbox"/> Hit by a vehicle (e.g. moving vehicles in proximity to pedestrians) <input type="checkbox"/> Lighting (e.g. due to time of the day/night/location) <input type="checkbox"/> LPG cylinders, heaters <input type="checkbox"/> Medical emergency – first aid <input type="checkbox"/> Noise (e.g. > 85dBA, or 140dB Peak) <input type="checkbox"/> Powered equipment <input type="checkbox"/> Radiation (e.g. sealed/unsealed sources, ionizing radiation, radio/frequency, lasers)	<input type="checkbox"/> Remote or isolated location <input type="checkbox"/> Scaffolding, elevated work platform, towers (e.g. potential for fall, collapse) <input type="checkbox"/> Scientific experiments <input type="checkbox"/> Security threat (people, property, information, personal security) <input type="checkbox"/> Slip, trip hazards or uneven surfaces <input type="checkbox"/> Temperature extremes (cold e.g. hypothermia) <input type="checkbox"/> Temperature extremes (hot e.g. heatstroke, sunburn) <input type="checkbox"/> Temporary structures to be installed <input type="checkbox"/> Transportation – vehicle appropriateness and safety <input type="checkbox"/> Transportation – driver fatigue <input type="checkbox"/> Transportation – heavy equipment (e.g. stowage and loading) <input type="checkbox"/> Transportation – contingencies (e.g. vehicle breakdown) <input type="checkbox"/> Violence/aggression/personal threat (e.g. dealing with difficult people or challenging circumstances.) <input type="checkbox"/> Workplace/surface is unstable or uneven <input type="checkbox"/> Weather conditions (e.g. windy, lightning, hot)  <input type="checkbox"/> <b>Other</b> (specify) _____ <input type="checkbox"/> <b>Other</b> (specify) _____ <input type="checkbox"/> <b>Other</b> (specify) _____ <input type="checkbox"/> <b>Other</b> (specify) _____  <b>Other compliance issues for consideration:</b> <input type="checkbox"/> Minors (i.e. children under the age of 18) are attending <input type="checkbox"/> Permits, licenses and/or permission may be required, (including but not limited to) <input type="checkbox"/> Access to property or government lands <input type="checkbox"/> Trapping, catching or taking plants or animals <input type="checkbox"/> Liquor or other licence and/or registration
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- Please note this list is not exhaustive, but can be used as the basis for your initial hazard identification.
- If you tick yes to any of the above, the hazard will need to be assessed and controlled either via a risk assessment (For further information, see HSW Handbook [Hazard Management](#)).

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### Stage 2 and Stage 3 – Risk Assessment and Control

Record the potential hazards/issues identified in Hazard Identification Process on page 1 and  When and where the hazard is present (i.e. when is the worker exposed?)	Inherent risk assessment rating Before controls are implemented (Refer to the risk assessment Tables – Appendix A3) L, M, H, VH	List the Hazard control measures in place <ul style="list-style-type: none"> <li>Control measures are to be in accordance with the Hierarchy of Control. (See the <a href="#">Hazard Management</a> Handbook chapter for additional information and examples.)</li> <li>Choose the control(s) that most effectively eliminate the hazard or minimises the risk.</li> <li>Record the control measures in place under the relevant control measure (e.g. list in order under the following headings - substitution, isolation, engineering, administrative, Personal Protective Equipment).</li> <li>Ensure that control measures do not introduce new hazards.</li> </ul>	Residual risk rating After controls in place  The highest rating is to be transferred to the top of page 1.

Staff related activities (Note – Low and Medium Residual Risk does not require Manager/Supervisor authorisation)			Student related activities		
Author	Name and Signature		Author	Name and Signature	
High Residual Risk – Authorised by Manager/Supervisor	Name and Signature/authority		Low and Medium Residual Risk – Authorised by Manager/Supervisor	Name and Signature/authority	
High Residual Risk – Authorised by Head of School/Branch	Name and Signature/authority		High Residual Risk – Authorised by Head of School/Branch	Name and Signature/authority	
Very High Residual Risk – Authorised by VC&P	Name and Signature/authority		Very High Residual Risk – Authorised by VC&P	Name and Signature/authority	
Refer to the HSW Handbook Chapter <a href="#">“Hazard Management”</a> for further information.					

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### RISK ASSESSMENT TABLES

Three essential steps are taken:

1. The probability or likelihood of an incident occurring is evaluated;
2. The severity of the potential consequences is calculated or estimated;
3. Based on these two factors, the risks are assigned priority for risk control through the use of a risk rating.

Risk assessment involves examining and evaluating the likelihood/severity/consequence in order to prioritise and implement adequate controls. The risk matrix has been adopted based on the principles of AS/NZS ISO 31000 (2009) Risk Management – Principles and Guidelines and Code of Practice “How to Manage Work Health and Safety Risks (2012).

#### Likelihood Table

CATEGORY	DESCRIPTION
Almost certain	There is an expectation that an event/incident will occur.
Likely	There is an expectation that an event/incident <b>could occur</b> but not certain to occur.
Slight	This expectation lies somewhere in the midpoint between “could” and “improbable”.
Unlikely	There is an expectation that an event/incident is doubtful or <b>improbable</b> to occur.
Rare	There is no expectation that the event/incident will occur.

#### Consequences Table

CATEGORY	DESCRIPTION
Severe	Injury resulting in death, permanent incapacity.
Major	Injury requiring extensive medical treatment, hospitalisation, or activities could result in a Notifiable occurrence.
Moderate	Injury requires formal medical treatment (hospital outpatient/doctors visit etc), activities could result in an Improvement Notice.
Minor	Injury requires first aid.
Negligible	Injury requires minor first aid (e.g. bandaid), or result in short term discomfort (e.g. bruise, headache, muscular aches etc), no medical treatment.

#### Risk matrix

Likelihood	Consequences				
	Negligible	Minor	Moderate	Major	Severe
Almost Certain	Medium	High	Very High	Very High	Very High
Likely	Medium	Medium	High	Very High	Very High
Slight	Low	Medium	High	High	Very High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

#### If the level of risk is assessed as high or very high

- Stop the activity;
- Determine if the activity is to:
  - continue; or
  - cease

in consultation with your Manager/Supervisor.

Follow the process in the [Hazard Management HSW Handbook chapter](#) where the risk cannot be reduced to medium or low.

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