

**HAZARD MANAGEMENT – RISK ASSESSMENT**

Date: / /

**SHORT FORM RISK ASSESSMENT**

(This template is not intended for complex tasks.)

**RECORD THE HIGHEST RESIDUAL RISK RATING**

Ensure the appropriate level of authority to complete the task can be evidenced. (e.g. a signature or formal approval attached)

- Low
- Medium
- High
- Very high

<b>Title of the task (e.g. use of .....</b> )	
<b>Physical location(s) or Operational unit</b>	
<b>List the hazardous plant/equipment/chemical(s) used (if applicable)</b>	
<b>Author: (print name)</b>	

**Supervisors/person in control of the area/activity**

- Ensure that the control measures address the hazards identified for each step in the process for this task.
- Ensure that there is a system for retaining this Risk assessment. (See section 5.1 of the Handbook chapter)
- Ensure that workers who undertake this task have access to this Risk assessment, are provided with the relevant, information, instruction and training required before they undertake the task. (This includes any other guidance material (e.g. Safe operating procedures) where required by this Risk assessment.)
- Ensure that if there is a requirement for instruction (Level 2 proficiency) and/or training (Level 3 competency/qualification) the information is added to the Training plan.

**Step 1: Identify the hazards (tick as applicable)**

1	<input type="checkbox"/> Animals (e.g. unpredictable behaviour, bites, stings, kicks)	12	<input type="checkbox"/> Hazardous terrain
2	<input type="checkbox"/> Biological (e.g. pathogens, body fluids)	13	<input type="checkbox"/> Hot work/risk of fire
3	<input type="checkbox"/> Communication (e.g. location, isolation)	14	<input type="checkbox"/> Moving powered lifting equipment
4	<input type="checkbox"/> Electrical equip. used outdoors, potential for electric shock	15	<input type="checkbox"/> Moving powered plant/equipment
5	<input type="checkbox"/> Fall from one level to another	16	<input type="checkbox"/> Moving vehicles in pedestrian access areas
6	<input type="checkbox"/> Falling, flying sharp objects	17	<input type="checkbox"/> Noise and sound >85dB(A)
7	<input type="checkbox"/> Fatigue (e.g. mental/physical exertion)	18	<input type="checkbox"/> Noise and sound peak level of > 135dB(C) for any period of time
8	<input type="checkbox"/> Ground/wall penetration	19	<input type="checkbox"/> Poor lighting
9	<input type="checkbox"/> Hazardous chemical exposure/radiation	20	<input type="checkbox"/> Security, aggression, personal threat
10	<input type="checkbox"/> Hazardous manual handling	21	<input type="checkbox"/> Temperature (hypothermia/burns)
11	<input type="checkbox"/> Hazardous plant/equipment	22	<input type="checkbox"/> Other:

**Step 2: Assess the level of risk before control measures based on the likelihood of an incident occurring and the consequence). Tick the highest risk rating assessed for the hazards you have identified**

**Descriptors for assessing the level of risk**

Assess the level of risk based on the likelihood of an incident occurring and the consequence			
Likelihood Table		Consequences Table	
<b>Almost certain</b>	There is an expectation that an event/incident will occur.	<b>Severe</b>	Injury resulting in death, permanent incapacity.
<b>Likely</b>	There is an expectation that an event/incident <b>could</b> occur but not certain to occur.	<b>Major</b>	Injury requiring extensive medical treatment (e.g. hospitalisation, or activities could result in a Notifiable occurrence.
<b>Possible</b>	This expectation lies somewhere in the midpoint between "could" and "improbable".	<b>Moderate</b>	Injury requires formal medical treatment (e.g. hospital outpatient/doctors visit).
<b>Unlikely</b>	There is an expectation that an event/incident is doubtful or <b>improbable</b> to occur.	<b>Minor</b>	Injury requires first aid treatment.
<b>Rare</b>	There is no expectation that the event/incident will occur.	<b>Negligible</b>	Injury requires minor first aid (e.g. bandaid), short term discomfort (e.g. bruise, headache), no medical treatment.

Likelihood of exposure	Consequences – level of seriousness of the injury following exposure to the hazard(s) -									
	Negligible		Minor		Moderate		Major		Severe	
Almost certain	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>	Very High	<input type="checkbox"/>	Very High	<input type="checkbox"/>	Very High
Likely	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>	Very High	<input type="checkbox"/>	Very High
Possible	<input type="checkbox"/>	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>	High	<input type="checkbox"/>	Very High
Unlikely	<input type="checkbox"/>	Low	<input type="checkbox"/>	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High
Rare	<input type="checkbox"/>	Low	<input type="checkbox"/>	Low	<input type="checkbox"/>	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium

Continued overleaf

HSW Handbook	Hazard Management	Effective Date:	1 December 2020	Version 4.0
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Warning	This process is uncontrolled when printed. The current version of this document is available on the HSW Website.			

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**Step 3: Manage the risk by selecting the appropriate level(s) of control.  
Enter the ref number of the hazard(s) & tick/highlight control measures applicable.**

**Action(s) required to minimise the risk**

Hierarchy of Control	Hazard ref number(s)	(e.g. Step 1 Ref numbers 1 & 10 if the activity involves Animals and Hazardous manual handling)	Hazard ref number(s)	
Level 1: <input type="checkbox"/> Elimination <b>If this is not practicable, then:</b>		<input type="checkbox"/> Work process to cease. Advise your Supervisor of the outcome and determine next steps.		
Level 2: <input type="checkbox"/> Substitution		<input type="checkbox"/> Substituted the hazard with a safer option (Please specify)		
Level 2: <input type="checkbox"/> Isolation/Engineering		<input type="checkbox"/> Barrier/guard/shield/crush installed		<input type="checkbox"/> Trolley/hoist/mechanical aid used
		<input type="checkbox"/> Power/services isolated <input type="checkbox"/> Platform/scaffold		<input type="checkbox"/> Fume hood used
		<input type="checkbox"/> RCD protection provided/installed		<input type="checkbox"/> Emergency stop button/device
		<input type="checkbox"/> Restricted/secure/swipe-card access		<input type="checkbox"/> Emergency shower/eye wash
		<input type="checkbox"/> Ventilation/extraction system		<input type="checkbox"/> Duress alarm (monitored/audible)
		<input type="checkbox"/> PC2 Lab		<input type="checkbox"/> Surveillance
		<input type="checkbox"/> Interlocked physical barrier		<input type="checkbox"/> Additional lighting
		<input type="checkbox"/> Safeguarding		<input type="checkbox"/> Communication equipment/radio/mobile
	<input type="checkbox"/> Platform/scaffold/fall protection		<input type="checkbox"/> Other:	
Level 3: <input type="checkbox"/> Administrative		<input type="checkbox"/> SOP completed & attached (see <a href="#">Appendix C</a> )		Appropriate level of <a href="#">Information, instruction, training provided</a> : (* record to be on file)
		<input type="checkbox"/> Safety Data Sheet reviewed and attached		
		<input type="checkbox"/> Monitoring device/badge dosimeter		<input type="checkbox"/> Info on control measures (Induction)
		<input type="checkbox"/> Permits complete (e.g. hotwork/confined space)		<input type="checkbox"/> * Worker induction to hazardous chemicals completed
		<input type="checkbox"/> Permission from Facilities Management to penetrate ground/wall (e.g. marquee)		<input type="checkbox"/> * Workers are proficient (if required)
		<input type="checkbox"/> Signs/warning labels displayed		<input type="checkbox"/> * Workers are competent/licensed
		<input type="checkbox"/> Standard precautions (infection control)		<input type="checkbox"/> Buddy/second operator to assist
		<input type="checkbox"/> Maintenance and testing program in place		<input type="checkbox"/> Health monitoring <input type="checkbox"/> Audio testing
		<input type="checkbox"/> First aid kit		<input type="checkbox"/> Rest breaks
		<input type="checkbox"/> Emergency spill kit on site		<input type="checkbox"/> Other
Level 3: <input type="checkbox"/> Personal Protection  Please indicate/circle/strike out or be specific if option not listed		Gloves <input type="checkbox"/> Rubber <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather <input type="checkbox"/> Neoprene <input type="checkbox"/> Cut resistant <input type="checkbox"/> Nitrile		Protective clothing <input type="checkbox"/> Lab coat <input type="checkbox"/> Gown <input type="checkbox"/> Long sleeves <input type="checkbox"/> Long pants <input type="checkbox"/> Helmet <input type="checkbox"/> Hood <input type="checkbox"/> Veil <input type="checkbox"/> Steel capped/enclosed footwear <input type="checkbox"/> Sun protection  <input type="checkbox"/> <b>Other (please specify)</b>
		<input type="checkbox"/> Butyl <input type="checkbox"/> Thermal -hot/cold		
		<input type="checkbox"/> Face shield/visor <input type="checkbox"/> Dust mask		
		<input type="checkbox"/> Safety glasses <input type="checkbox"/> Shield <input type="checkbox"/> Goggles		
		<input type="checkbox"/> Air-purifying respirator		
		<input type="checkbox"/> Supplied air respirator		
		<input type="checkbox"/> Hearing protection - Ear plugs		
		<input type="checkbox"/> Hearing protection - Ear muffs		

**Step 4: Calculate the residual risk rating after the abovementioned control measures are in place. Transfer to the top of page 1**

<input type="checkbox"/> Very high	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
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**Step 5: Sign off by author and relevant authority (Name and signature)**

Residual risk rating	Authorisation	Name and signature (or attach evidence of authorisation)
Low & medium risk	Supervisor/Person in control of the area/activity	
High risk	Head of School/Branch	
Very high risk	Executive Dean/Divisional Head	

**Proof of hazard identification and risk assessment is required for this task**

- File your completed Risk assessment as instructed by the Supervisor/Person in control of the area/activity
  - Ensure there is a system for retaining formal Risk assessments in accordance with the State Records of SA, General disposal [Schedule No 30](#) issued under the State Records Act 1997. (Contact the University's [Records Management Office](#) for further assistance/information if required.)
- For activities with a Residual risk rating of high or very high risk**
- The Head of School/Branch or Executive Dean/Divisional Head is to raise a risk under the [University's Risk management framework](#) through the [University Risk Register](#).

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