



RISK ASSESSMENT **PF388**

Task or Item being assessed (Name): _____ Date: - _____

Author / Lead Assessors name: _____

Location or Workplace Associated with Task:

Campus: <input type="checkbox"/> - St Lucia, <input type="checkbox"/> - Gatton, <input type="checkbox"/> - Ipswich School / Centre: <u>Property and Facilities</u> Supervisor: _____	Faculty / Division: <u>LEAVE BLANK</u> Workplace / Area: _____
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Risk Associated with this Task, Process or Situation.

1. **Risk Situation** – (tick the ones that pertain to what’s being assessed)

<input type="checkbox"/> -Fall from Height, <input type="checkbox"/> -Fall on the same level, <input type="checkbox"/> -Hitting objects with part of body, <input type="checkbox"/> - Exposure to Mechanical vibration, <input type="checkbox"/> - Being Hit by moving object, <input type="checkbox"/> - Exposure to sharp sudden sound, <input type="checkbox"/> - Long term exposure to sound, <input type="checkbox"/> - Repetitive Movement, <input type="checkbox"/> - Muscular stress, <input type="checkbox"/> - Contact with electricity, <input type="checkbox"/> - Contact or exposure to heat or cold, <input type="checkbox"/> - Exposure to radiation, <input type="checkbox"/> - Single contact with Chemical, <input type="checkbox"/> - Long term contact with chemical, <input type="checkbox"/> - Contact with, or exposure to biological factors, <input type="checkbox"/> - Exposure to mental Stress factors, <input type="checkbox"/> - Slide or Cave-in, <input type="checkbox"/> - Vehicle Incident, <input type="checkbox"/> - Other: _____

2. **Person/s at risk:** 1-5, 5-10, 10 -15, 15-20, ≥20

3. **Energy Source:** (tick the ones that pertain to what’s being assessed)

<input type="checkbox"/> -Mechanical, <input type="checkbox"/> -Potential, <input type="checkbox"/> -Kinetic, <input type="checkbox"/> - Fluid Pressure, <input type="checkbox"/> - Acoustic / Vibrational, <input type="checkbox"/> - Electrical, <input type="checkbox"/> - Radiation, <input type="checkbox"/> - Chemical, <input type="checkbox"/> - Microbiological, <input type="checkbox"/> - Psycho-Social Stress, <input type="checkbox"/> - Muscular (strain / sprain), <input type="checkbox"/> - Other: _____

4. **Current Controls:** _____

What is the risk level involved in the task or Item.

5. Calculate the risk

RISK = SEVERITY OF CONSEQUENCE * LIKELIHOOD OF OCCURRENCE

5.1. **Consequence:** When determining the severity of the potential consequences resulting from an incident you must take into account how much harm the hazard can do and how many people it could effect.

Catastrophe (Death)	Major (extensive Injuries)	Moderate (Medical treatment)	Minor (First Aid)	Insignificant (No injuries)
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5.2. **Likelihood:-** The likelihood of an event occurring will depend on both the probability and frequency of exposure to the hazard.

Almost Certain	Quite Possible	Unusual But Possible	Remotely Possible	Conceivable	Practically Impossible
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5.3. **Risk score and statement:**

Using the information from 4.1 and 4.2; plot the risk rating on the Risk Rating matrix on the next page to give you the risk level

5.4. Evaluate the risk:

Risk Category	Action	Tick
4 A: Acute	ACT NOW – Urgent – do something about the risk immediately. Requires immediate attention	
3 H: High	Highest management / Supervisor decision is required urgently	
2 M: Moderate	Follow Management Instructions	
1 L: Low	OK for now. Record and review if any equipment / people / materials / work process or procedures change	



