# Risk assessment template

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

For more details on the risk management process refer to the [Managing Health and Safety Risks factsheet](https://education.qld.gov.au/initiativesstrategies/Documents/managing-health-safety-risks.pdf).

Note: for risk assessments with curriculum activities refer to the [Managing Risks in School Curriculum Activities procedure.](https://ppr.qed.qld.gov.au/pp/managing-risks-in-school-curriculum-activities-procedure)

|  |
| --- |
| Activity description:  |
| Conducted by:  | Date:  |

## Step 1: Identify the hazards

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

## 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** |  | **Likelihood** | **Description of likelihood** |
| 1. Insignificant | No treatment required. |  | 1. Rare | Will only occur in exceptional circumstances. |
| 2. Minor | Minor injury requiring first aid treatment (e.g. minor cuts, bruises, bumps). |  | 2. Unlikely | Not likely to occur within the foreseeable future, or within the project lifecycle. |
| 3. Moderate | Injury requiring medical treatment or lost time. |  | 3. Possible | May occur within the foreseeable future, or within the project lifecycle. |
| 4. Major | Serious injury (injuries) requiring specialist medical treatment or hospitalisation. |  | 4. Likely | Likely to occur within the foreseeable future, or within the project lifecycle. |
| 5. Critical | Loss of life, permanent disability or multiple serious injuries. |  | 5. Almost certain | Almost certain to occur within the foreseeable future or within the project lifecycle. |

|  |  |  |
| --- | --- | --- |
| **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. |

## 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(High level)Least effective(Low level) | **Elimination**: remove the hazard completely from the workplace or activity. |
| **Substitution**: replace a hazard with a less dangerous one. |
| **Redesign**: changing a machine or work process to make it safer. |
| **Isolation**: separate people from the source of the hazard. |
| **Administration**: putting rules, signage or training in place to make a workplace safer.  |
| **Personal protective equipment (PPE)**: protective clothing and equipment.  |

### Hazards/risks and control measures

|  |  |  |
| --- | --- | --- |
| 1. **Description of hazards/risks**
 | 1. **Risk level**
 | 1. **Control measures (Note: if only administration or PPE controls are used, please explain why)**
 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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. |
| **Contact person:** | **Date:** |
| 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?
 |  |  |
| 1. Have there been any charges to the planned control measures?
 |  |  |
| 1. Are further control measures required in future?
 |  |  |
| Details: |
| Review completed by:  | Designation: |
| Signature: | Date: |