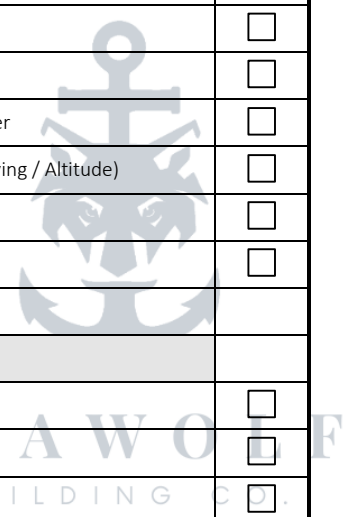


# Seawolf Building Co. – Risk Assessment Form

<b>Worksite:</b>					
Assessment No:		Assessment Date: ____/____/____		Review Date: ____/____/____	
What is being assessed? <i>Describe the item, task, process, work arrangement:</i>					
<hr/> <hr/>					
<b>Step 1 - Form a team of assessors. Decide who else should be consulted.</b>					
Assessor(s):					
Others consulted: (eg elected health and safety representative, other personnel exposed to risks)					
<b>Step 2 - Identify the hazards associated with the thing or situation being assessed</b>					
<b>Hazards: Potential to cause harm to people, property or the environment. Tick the applicable hazards</b>					
<b>General Work Environment</b>		<b>Health and Security</b>		<b>Plant and equipment</b>	
Restricted access or egress	<input type="checkbox"/>	Food	<input type="checkbox"/>	Vehicles	<input type="checkbox"/>
Confined spaces	<input type="checkbox"/>	Poisoning or contamination	<input type="checkbox"/>	Mobile and fixed plant	<input type="checkbox"/>
Air-conditioning (thermal comfort)	<input type="checkbox"/>	Intoxication	<input type="checkbox"/>	Powered equipment	<input type="checkbox"/>
Air quality	<input type="checkbox"/>	Dehydration	<input type="checkbox"/>	Non-powered equipment	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	Violence	<input type="checkbox"/>	Elevated Work Platforms	<input type="checkbox"/>
Noise (discomfort)	<input type="checkbox"/>	Working alone or in isolation	<input type="checkbox"/>	Pressure vessel	<input type="checkbox"/>
Outdoors (sun exposure)	<input type="checkbox"/>	Working in remote areas	<input type="checkbox"/>	Laser (Class 2 or above)	<input type="checkbox"/>
Uneven walking surfaces	<input type="checkbox"/>	Bites / Stings	<input type="checkbox"/>	Traffic control	<input type="checkbox"/>
Working at height	<input type="checkbox"/>			Electrical	<input type="checkbox"/>
Crowds/Public	<input type="checkbox"/>	<b>Chemical</b>		Vibration	<input type="checkbox"/>
		Hazardous chemicals	<input type="checkbox"/>	Moving parts	<input type="checkbox"/>
<b>Ergonomic/manual handling</b>		Explosives	<input type="checkbox"/>	Acoustic / Noise	<input type="checkbox"/>
Workstation set up	<input type="checkbox"/>	Engineered nanomaterials	<input type="checkbox"/>		
Poor posture	<input type="checkbox"/>	Gas cylinders	<input type="checkbox"/>	<b>Temperature / Weather effects</b>	
Lifting / Carrying	<input type="checkbox"/>			Heat	<input type="checkbox"/>
Pushing / Pulling	<input type="checkbox"/>	<b>Radiation</b>		Cold	<input type="checkbox"/>
Reaching/overstretching	<input type="checkbox"/>	Ionising radiation	<input type="checkbox"/>	Rain / Flood	<input type="checkbox"/>
Repetitive movement	<input type="checkbox"/>	Ultraviolet (UV) radiation	<input type="checkbox"/>	Wind	<input type="checkbox"/>
Bending	<input type="checkbox"/>	Radiofrequency/microwave	<input type="checkbox"/>	In or on water	<input type="checkbox"/>
Eye strain	<input type="checkbox"/>	Infrared radiation	<input type="checkbox"/>	Pressure (Diving / Altitude)	<input type="checkbox"/>
				Lightning	<input type="checkbox"/>
<b>Work design and management</b>		<b>Biological</b>		Smoke	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	Microbiological	<input type="checkbox"/>		
Workload	<input type="checkbox"/>	Animal tissue / Fluids	<input type="checkbox"/>	<b>OTHER</b>	
Mental stress	<input type="checkbox"/>	Human tissue / Fluids	<input type="checkbox"/>		<input type="checkbox"/>
Organisational change	<input type="checkbox"/>	Allergenic	<input type="checkbox"/>		<input type="checkbox"/>
Work violence or bullying	<input type="checkbox"/>	Other Biological	<input type="checkbox"/>		<input type="checkbox"/>
Inexperienced or new personnel	<input type="checkbox"/>				<input type="checkbox"/>



List the hazards identified from above					
1.		6.			
2.		7.			
3.		8.			
4.		9.			
5.		10.			
Any specific circumstances (describe):					
Persons at risk (list):					
Any relevant regulation, code, standard or guideline (list):					
<b>Step 3 – Risk Assessment</b>		For each identified hazard rate the risk using the Risk Rating Matrix.			
<b>Step 4 – Risk controls</b>		Detail controls measures required to address the risks applying the Hierarchy of Controls			
Controls to be considered from the following hierarchy of control					
1. Elimination (is it necessary?)		4. Administration (training, SWMS's,)			
2. Substitution		5. Personal Protective Equipment (PPE) (eg gloves, leather apron, coveralls, respirator)			
3. Engineering (guarding, redesign)					
Identified Hazards Exposure	Risk assessment		Risk Rating	Required Controls	Residual Risk Score
	Consequences	Likelihood			
Is the risk? <i>(Tick one)</i>	<input type="checkbox"/> Adequately controlled. No further action required - Sign off form as completed.				
	<input type="checkbox"/> Inadequately controlled. Further Action/Investigation required. Continue with Step 5.				
Step 5 – Implementation Plan (for controls not already in place)					
Control Option	Resources	Person(s) responsible	Proposed implementation date		
Step 6 – Comments and endorsements					
Name:		Signature:		Date:	
<b>Assessment Approval:</b> (eg PCBU, Director, WHS Manager)					
I am satisfied that the risks are not significant and/or adequately controlled and that resources required will be provided.					
Name:		Signature:		Date:	
Position Title:					