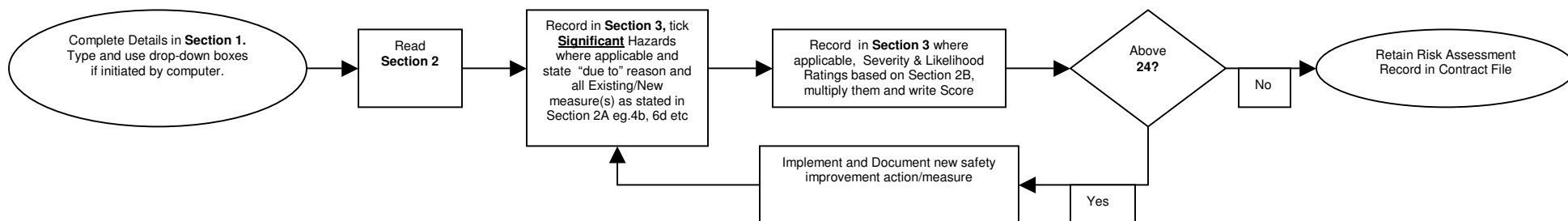


RISK ASSESSMENT RECORD



Section 1 – Assessor and Task Details

Assessors Name :	(Please Type/Print)	Department :
Assessors Signature:		Assessment Date:
Site/Location :	Contract/Job No.	Task/Activity : Clean of Toilets
Describe the Task/Activity in more detail (optional):		
People at Risk: All persons within working Area	Special Groups at Risk: N/A	

Section 2 – Classification of Risk and Hierarchy of Control

Hierarchy of Control Category	A Common Measures			B SEVERITY		LIKELIHOOD	
	Description	Rating	Description	Rating	Description	Rating	
1. Elimination	a) Cancel process,	b) Substance Obsolescence	Death	10	Absolutely Certain	10	
2. Substitution	a) Substance Replacement, b) Personnel Replacement, c) Machine Replacement		Total Incapacity	9	Almost Certain	9	
3. Isolation	a) Physical barrier,	b) Handrails c) Electrical/Mechanical	Severe Incapacity	8	Highly Probable	8	
4. Engineering Controls	a) Ventilation,	b) Limit Exposure c) Auto-machine cut-out	Slight Incapacity	7	Probable	7	
5. Administrative Controls	a) Training (safety Induction, on-the-job, safety talk, job specific) b) Warning Signs, c) Procedures/Work Instructions		Absent more than 4 Weeks	6	More than even chance	6	
6. PPE (Personal Protective Equipment)	a) Safety Shoes e) Hearing Protection h) Respirator	b) Hard Hats f) Face Shield, i) Wet Suit	Absent more than 2 Weeks	5	Even Chance	5	
	<i>Other: if found when completing Section 3 (please state, this will help update the list):</i>		Absent more than 3 days	4	Less than even chance	4	
			Absent 1 day or less	3	Improbable	3	
			Minor Injury	2	Highly improbable	2	
			Insignificant Injury	1	Almost Impossible	1	

Section 3 – The Assessment: how people can get hurt and how we control it.

Instruction: Any Score (Severity x Likelihood) above 24 warrants a Corrective Action/further Safety Measure(s) and an Implementation date.

1. Physical/Mechanical Hazards									Implementation Date
Ref.	Type	√	Due To	Existing Measures (refer to Section2) eg. 4b, or please state	Severity	Likelihood	Score	Corrective/Improvement Action?	
1.1	Entanglement	√	Electrical cables	5b,5c,5a	2	3	5		
1.2	Impact								
1.3	Slipping	√	Wet Floors	5b,5c,5a	3	4	12		
1.4	Tripping	√	Debris Electrical Cables	5c,5a	2	4	8		
1.5	Falling								
1.6	Crushing								
1.7	Faulty Machine (Electrical)								
1.8	Faulty Machine (Mechanical)								

2. Chemical Hazards									Implementation Date
Ref.	Type	√	Due To	Existing Measures (refer to Section2) eg. 4b, or please state	Severity	Likelihood	Score	Corrective/Improvement Action?	
2.1	Spillage								
2.2	Fire								
2.3	Explosion								
2.4	Vapor								
2.5	Radiation								
2.6	Waste								

3. Biological Hazards									Implementation Date
Ref.	Type	√	Due To	Existing Measures (refer to Section2) eg. 4b, or please state	Severity	Likelihood	Score	Corrective/Improvement Action?	
3.1	Dust	√	Builders Dust	4a,4b,5a,5c,6h	2	5	10		
3.2	Fumes	√	Poor ventilation	4a,4b	1	2	2		
3.3	Injection								
3.4	Absorption	√	swallowing	5a,5c	1	2	2		
3.5	Waste								

4. Ergonomic Hazards									Implementation Date
Ref.	Type	√	Due To	Existing Measures (refer to Section2) eg. 4b, or please state	Severity	Likelihood	Score	Corrective/Improvement Action?	
4.1	Stretching	√	Un trained work practice	5a,5c	1	4	4		
4.2	Bending	√	Un trained work practice	5a,5c	2	4	8		
4.3	Twisting	√	Un trained work practice	5a,5c	1	3	3		
4.4	Visual	√	Un protected eyes	5a,5c,6c	7	2	14		
Others									