

Example 2:

## Hazard Risk Assessment and Management

Use this form for hazard assessment of short term work or activity, e.g. working at height, hot work and contractor related work.

| Work/Activity Details /Risk Assessment |                             |          |              |                           |      |
|--|-----------------------------|----------|--------------|---------------------------|------|
| Type of work or activity :             | Outside / Clubs Day Markets | Location | C Block Lawn | BEIMS No. (if applicable) | N/A  |
| Risk assessment conducted by:          | "Club Name" "Club Member"   | Date:    | 20 Feb 2017  | Time:                     | 12pm |

| Hazard<br>(An actual or potential source of harm, including behaviour) | Consequence If Hazard Not Controlled<br>(i.e. Injury, Illness, Incident, Property Damage, etc) | Likelihood<br>(L value) | Consequence<br>(C value) | Risk Rating<br>(L x C) | Controls<br>(i.e. Eliminate, Substitute, Guarding, Training, Administrative, PPE) | Residual Risk Rating<br>(The remaining level of risk after controls have been implemented) | Hazard Eliminated or Minimised<br>(E or M) |
|--|--|-------------------------|--------------------------|------------------------|---|--|--|
| Electrical Equipment   | -electrocution<br>-property damage   | 3                       | 2                        | 6                      | -electrical tagging<br>-training  | 4  | M  |
| Tripping   | -Injury (impact)   | 4                       | 2                        | 8                      | -Guarding<br>-Training<br>-tape down cords  | 6  | M  |
| Weather - cold or hot  | - Injury: hypothermia, sun burn, heat stroke   | 4                       | 2                        | 8                      | -PPE<br>-Guarding   | 6  | M  |
| Unstable objects<br>e.g. tents; tables                                 | - Injury (impact)<br>-Property damage  | 4                       | 2                        | 8                      | -Guarding<br>-Training<br>-Secure all objects                                     | 4  | M  |

|                                    |                    |           |       |
|------------------------------------|--------------------|-----------|-------|
| Person in Control of Work/Activity | Jessica Andronico  | Name      | ..... |
| Position                           | Dental Coordinator | Position  | ..... |
| Signature                          | Jessica Andronico  | Signature | ..... |
| Date                               | 13/01/17           | Date      | ..... |

**Hazards not eliminated on completion of work must be recorded on Hazard Register**