Risk Assessment

This template is to be used with reference to the *OHS Risk Management Procedure*. For support in conducting a Risk Assessment, contact the OHS Advisory Service on 1300 074 715 or email safety@edumail.vic.gov.au.

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| **1. Background information** |
| **School/workplace:** |  | **Date:** |  |
| **Title of assessment:** | **Stage set-up** | **Name of person conducting assessment:** |  |

| **2. Risk assessment** |
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| **Identify and list hazards** | **List current risk controls** | **Risk rating** | **List additional controls** *(if any - where current controls are not adequately managing the level of risk)* |
| **1** | Task | * Materials and props are delivered and set-up by professionals
* Use lighter materials to build sets
* Materials and props are set-up on stage
* Mechanical aid is used to move items e.g. trolley
* The weight of the materials is checked by lifting one corner/side
* S.M.A.R.T Lifting process is used
* Team lift with employees of similar size
* The moving process is communicated to all individuals involved before and during move
* The load is broken down into smaller components to be moved / lifted
* A good grip on the materials can be maintained
* Team of people are used to set-up materials
* The pathway is clear and not obstructed
* Direction of travel is changed by turning the feet and not twisting the back
* The materials are only carried for short distances
* The task is not carried out continuously
* Adequate rest breaks are taken
* Manual Handling and Ergonomic eLearning modules have been completed
* The Department Manual Handling Awareness Training has been presented to all employees
* S.M.A.R.T Lifting Poster is displayed throughout the workplace
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| **2** | Individual  |  |  |
| **3** | Load  |  |  |
| **4** | Environment  |  |  |

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| **Consequence** - Evaluate the **consequences** of a risk occurring according to the ratings in the top row

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| **Descriptor** | **Level** | **Definition** |
| **Insignificant** | **1** | No injury |
| **Minor** | **2** | Injury/ ill health requiring first aid |
| **Moderate** | **3** | Injury/ill health requiring medical attention |
| **Major** | **4** | Injury/ill health requiring hospital admission |
| **Severe** | **5** | Fatality |

 | **Likelihood** - Evaluate the **likelihood** of an incident occurring according to the ratings in the left hand column

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| **Descriptor** | **Level** | **Definition** |
| **Rare** | **1** | May occur somewhere, sometime (“once in a life time / once in a hundred years”) |
| **Unlikely** | **2** | May occur somewhere within the Department over an extended period of time |
| **Possible** | **3** | May occur several times across the Department or a region over a period of time |
| **Likely** | **4** | May be anticipated multiple times over a period of timeMay occur once every few repetitions of the activity or event |
| **Almost Certain** | **5** | Prone to occur regularlyIt is anticipated for each repetition of the activity of event |

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| 3. Risk Matrix - Calculate the level of risk by finding the intersection between the likelihood and the consequences

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| **Likelihood** | **Consequence** |
| **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** |
| **Almost Certain** | Medium | High | Extreme | Extreme | Extreme |
| **Likely** | Medium | Medium | High | Extreme | Extreme |
| **Possible** | Low | Medium | Medium | High | Extreme |
| **Unlikely** | Low | Low | Medium | Medium | High |
| **Rare** | Low | Low | Low | Medium | Medium |

 | **4. Risk Level/Rating and Actions**

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| **Descriptor** | **Definition** |
| **Extreme:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken immediately. Cease associated activity. |
| **High:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken within 48 hours of notification. |
| **Medium:** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, OHS Representative / OHS Committee is to follow up that corrective action is taken within 7 days. |
| **Low** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, HSR / OHS Committee is to follow up that corrective action is taken within a reasonable time. |

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