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](mailto:safety@edumail.vic.gov.au).

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| **1. Background information** | | | |
| **School/workplace:** |  | **Date:** |  |
| **Title of assessment:** | **Transporting and storage of sporting equipment** | **Name of person conducting assessment:** |  |

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| **2. Risk assessment** | | | | | | |
| **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 | * Use of mechanical aid e.g. gym mat trolley, portable ball carrier trolley for the storing and transporting equipment * Affix large gym mat against wall with secure straps if not stored on trolley * Storage racks are weight rated * Frequently used items are stored between shoulder and knee height * Items are stored so that they are not at risk of falling * S.M.A.R.T lifting techniques are used * Use the designated handles on the equipment, where available * Team lift with employees of similar size * The moving process is communicated to all individuals involved before and during move * Pathways are clear and free from obstruction * Designated individual has been designated as a spotter to look for obstacles and prevent collisions and open any doors * Manual Handling and Ergonomics eLearning modules have been completed * S.M.A.R.T Lifting Poster is displayed around the workplace | |  |  | |
| **2** | Individual |  |  | |
| **3** | Load |  |  | |
| **4** | Environment |  |  | |
| **Consequence** - Evaluate the **consequences** of a risk occurring according to the ratings in the top row  |  |  |  | | --- | --- | --- | | **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  |  |  |  | | --- | --- | --- | | **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 time  May occur once every few repetitions of the activity or event | | **Almost Certain** | **5** | Prone to occur regularly  It is anticipated for each repetition of the activity of event | | | |
| 3. Risk Matrix - Calculate the level of risk by finding the intersection between the likelihood and the consequences   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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**   |  |  | | --- | --- | | **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. | | | |