

Facility _____

The hazardous task

Describe the task/activity _____

Location _____

Off-site

Who could be at risk

- | | | | |
|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Admin / mgt | <input type="checkbox"/> Nursing/carers | <input type="checkbox"/> Catering | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Residents | <input type="checkbox"/> Visitors |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Contractors | <input type="checkbox"/> Therapists | <input type="checkbox"/> Others _____ |

When

- | | | | |
|-----------------------------------|-----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> AM shift | <input type="checkbox"/> PM shift | <input type="checkbox"/> Night | <input type="checkbox"/> Weekends |
|-----------------------------------|-----------------------------------|--------------------------------|-----------------------------------|

How was this identified as a hazardous task

- | | |
|--|---|
| <input type="checkbox"/> Incident or injury | <input type="checkbox"/> Consultation with residents/visitors |
| <input type="checkbox"/> Workplace inspection | <input type="checkbox"/> Industry / supplier hazard alert |
| <input type="checkbox"/> Consultation with employees | <input type="checkbox"/> Review / follow up |
| <input type="checkbox"/> OHS Committee | <input type="checkbox"/> Other _____ |

Is the assessment required

- | | |
|--|---|
| <input type="checkbox"/> Prior to purchase e.g. equipment, product | <input type="checkbox"/> Prior to workplace change e.g. refurbishment, new activity |
|--|---|

Responsible supervisor _____

Assessment

Date _____

Record the people consulted for this assessment

Name	Position/role
_____	_____
_____	_____
_____	_____
_____	_____

Summary of factors requiring control to be completed AFTER the risk assessment

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Summary of outcome to be completed AFTER the risk assessment

- | | |
|--|--------------------------|
| Policy developed / updated | <input type="checkbox"/> |
| Safe work practices [procedures] developed / updated | <input type="checkbox"/> |
| OHS clearance to purchase equipment, product, implement change | <input type="checkbox"/> |
| Training developed / up-dated and implemented | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

Review

Next review date _____

Risk Assessments must be retained for a minimum of 5 years

Task No Yes

- ① Does the task involve adverse postures or movements
 - Are any of these postures sustained - held for more than 30 seconds at a time
 - Are any of these movements repetitive - done more than twice a minute
 - Does the task involve heavy loads or high force
 - Does the task require two or more people to handle the load together
 - Does the task cause any discomfort
 - Is the task sedentary i.e. sitting for more than 2 hours at a time
 - Does the task involve residents or visitors with challenging behaviours
- ① Is there a current MSDS [dated within 5 years] for all chemicals used for this task
 - Does the workplace comply with all of the requirements outlined in the MSDS
 - Does the task expose anyone to uncontrolled fire or explosion
 - Does the task compromise security to anyone e.g. night rounds, smokers leaving the premises, over-riding alarms
 - Does the task involve handling hazardous waste, including a biohazard e.g. contaminated linen, human or animal waste, sharps, razors, wound dressings
 - Is the task unpopular with staff and/or do they try to avoid it
 - Does the task involve a significant change from how work has previously been done e.g. paper records replaced by computers, function outsourced, new work system
- ① Does the task involve working above or below ground level e.g. on a ladder, on the roof, in a trench or man-hole

			Risk control is required
	<input type="checkbox"/>	→	
	<input type="checkbox"/>	→	
	<input type="checkbox"/>	→	
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	<input type="checkbox"/>	→	
	<input type="checkbox"/>	→	

Environment No Yes

- ① Is this area over which the task is performed affected by uneven floor or ground surfaces, steps, ramps, or any obstruction that exposes people to trips e.g. items on floor, poor housekeeping, uneven stair rises or treads
 - Is the task performed where the floor or ground surface is potentially slippery, including exposure to contaminants e.g. food, liquid, leaf debris
 - Are persons in this work area required to wear special footwear e.g. gumboots
 - Is the task performed in an environment, either inside or outside, which is hot, cold, windy, dusty, humid, where there is a sudden change in temperature, or where persons could be exposed to sunlight
 - Is the task performed in a cluttered environment or in any restricted space e.g. resident's room, storeroom, in roof space
- ① Is the task ever performed over a long distance
 - When performing the task, is there any aspect of the illumination that affects the person's ability to see the task e.g. inadequate light, excessive glare or reflection, high contrast such as constantly going between high and low light
 - If additional or emergency lighting is required, is it difficult to obtain or unreliable i.e. locked away, batteries can be flat

			Risk control is required
	<input type="checkbox"/>	→	
	<input type="checkbox"/>	→	
	<input type="checkbox"/>	→	
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	<input type="checkbox"/>	→	
	<input type="checkbox"/>	→	
	<input type="checkbox"/>	→	

Environment cont.

No Yes

Is any aspect of the task performed outside a building where persons could be exposed to security issues

If the task involves exiting or entering the building, is the illumination poor i.e. along pathways accessed for this task, at doorways

Does noise in the environment affect the ability to communicate or concentrate

		<input type="checkbox"/>	→	Risk control is required
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	

Equipment, tools, furniture and vehicles

No Yes

For equipment, tools and furniture

Does the equipment, tool or furniture item have instructions

Have all persons who use this equipment, tool or furniture item been trained in the safe operation

i If the equipment is powered and used in a 'hostile environment', does it comply with requirements for tagging and testing

Is the equipment, tool or furniture item part of the routine maintenance program

If the equipment utilises chemicals or fuels, do users have access to MSDSs and an understanding of how to interpret the MSDS

i Does the equipment generate harmful noise i.e. 8hr leq of 85 dB or peak at 140 dB

Does the equipment generate vibration, such as experienced when using a drill or using a ride on lawnmower

Does the equipment or task generate fumes, dusts or vapours

Is there potential for the equipment or furniture item to move unintentionally

Is there potential for the operator or anyone else to get caught in, under, behind or between moving parts of equipment or furniture, including during maintenance

If PPE is used, does it have any unwanted consequences e.g. safety eye-wear that fogs or doesn't fit over spectacles, hearing protection that over-protects so that all sound is blocked, clothing or footwear that restricts movement, bulky gloves that reduce hand dexterity

Refer to the Equipment Assessment Checklist

		<input type="checkbox"/>	→	Risk control is required
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	

For vehicles e.g. resident transport, golf buggy, ride-on mower, fork lift

i Is the vehicle 'fit for purpose'

Is the vehicle maintained according to the manufacturers' requirements

Does the driver have access to a communication device e.g. two-way, mobile phone

Can cargo dislodge during transport i.e. unsecured

Does the operator / driver require a license, or specific class of license e.g. fork lift, motor vehicle, bus license

Any other issues - please note

		<input type="checkbox"/>	→	Risk control is required
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	
		<input type="checkbox"/>	→	

Work organisation

Is this task essential for the care of residents or the safety of anyone at the facility

Is this task time critical i.e. has to be done before something else can be done, has to be done to fit in to someone else's schedule

Is this task repeated and how often _____

Is additional assistance required to do this task

Does waiting for assistance delay other work

In undertaking this task, do personnel work with others who are inexperienced or new to the workplace

Does the task require the person's constant attention to prevent error

Does the work of the people or person doing this task require them to regularly work extended hours i.e. more than 8 hours per day, or less than 10 hours break between work

How long does it take to complete this task _____

If additional assistance is required, how is it obtained _____

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Risk control is required

If the task is performed by someone working alone, list the strategies that are in place for safety and determine if these are effective and adequate.

Skills, experience and special needs

Have all people performing this task received induction and orientation training, including training in risk management

Has the person supervising this work received training in risk management

i Are any of the people performing this task under 18 years i.e. high school students, work experience

Are any of the people performing this task older i.e. employees or volunteers

Is a qualification, license or permit required to perform this task

Do any of the people performing this task require special consideration e.g. returning to work after pregnancy, temporary or permanent disability

List the training provided in the last 24 months to people performing this task.

Has this training been effective

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Risk control is required