



# OHS RISK ASSESSMENT FORM

<b>Task Assessed:</b>	
<b>Assessed by:</b>	<b>Date:</b>
<b>Authorised by:</b>	<b>Date:</b>

**Hazards Checklist:** - tick if relevant and refer below for details including control measures:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asbestos (water pipes or in buildings)   | <input type="checkbox"/> Chemicals                                 | <input type="checkbox"/> Confined space entry                     |
| <input type="checkbox"/> Electrical / isolation (general)         | <input type="checkbox"/> Electrical (overhead or underground)      | <input type="checkbox"/> Other services (overhead or underground) |
| <input type="checkbox"/> Excavation & trenching                   | <input type="checkbox"/> Falls from height (greater than 2 metres) | <input type="checkbox"/> Livestock                                |
| <input type="checkbox"/> Manual handling                          | <input type="checkbox"/> Noise                                     | <input type="checkbox"/> Plant (fixed or mobile)                  |
| <input type="checkbox"/> Public safety                            | <input type="checkbox"/> Slips, trips, falls                       | <input type="checkbox"/> Traffic                                  |
| <input type="checkbox"/> Biological hazards (waste water / other) | <input type="checkbox"/> Use of hand / powered tools / burns       | <input type="checkbox"/> Working on or near water                 |
| <input type="checkbox"/> UV radiation / heat stress               | <input type="checkbox"/> Emergency procedures                      | <input type="checkbox"/> Coastal Acid Sulfate Soils               |

Hazard	Potential Consequences	Classification of Risk (H, M, L) (refer SOP 103)	Control Measures

**SEE OVERLEAF FOR SIGN-OFF**

**Sign off by staff involved in task:**