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| **Title of Risk Assessment (use for TRIM)** |  | ***Date*** |  |

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| **Sections Used** *– Check tick box associated with sections used for ease of reference* | | | | | | | |
| Part A: Overview & Instructions | | Part B: Risk Assessment Details | Mandatory | Part C: Person completing Risk Assessment | Mandatory | Part D: Plant and Equipment Details |  |
| Part E: Process or Task Details |  | Part F: Hazardous Substance Details |  | Part G: Event Description |  | Part H: Alcohol Details |  |
| Part I: Fieldwork Activities description |  | Part J: Fieldtrip / Excursion Members |  | Part K: Travel – Domestic and International description |  | Part L: Travel Itinerary |  |
| Part M: Transport Details |  | Part N: Communication & Emergency Plan |  | Part O: Safety equipment is being used |  | Part P: Risk Assessment |  |
| Part Q: Supervisor & Other Approvals |  |  | | | | | |

### Part A: Overview & Instructions

* *This Risk Assessment is to be used for hazards and risks associated with:* ***Plant & Equipment, a Process or Task, Hazardous Substance, UNE facilitated Event, Fieldwork, and Domestic or International Travel.***
* *When completing this Risk Assessment details that are not relevant can be removed from view by collapsing the non-relevant* ***‘Part’*** *using the ‘triangle icon’ on the left of the menu bar header. There are parts that are mandatory and must be completed.*
* ***Risk Assessment Training*** *is available via the UNE Safety Hub and should be completed prior to completing risk assessments.*
* ***Plant and Equipment*** *- It is recommended that you review any documentation from the original manufacturer of the plant or equipment to assist with this risk assessment.*
* ***Hazardous Substance*** *– It is recommended that you review the relevant Safety Data Sheet (SDS) for the substance to assist with this risk assessment.*
* ***Fieldwork*** *– It is recommended that you review and complete the Fieldwork Planning Guide & Checklist WHS F010 before commencing. If it is a group trip, then the organiser or person supervising the trip must complete this form. Attendance at conferences is generally NOT considered fieldwork. Working from home is generally NOT considered fieldwork. Include details of the trip, group membership, transportation arrangements, fieldwork activities, and emergency plans. A copy of the assessment must be taken into the field by the supervisor of the fieldwork and shown to all participants involved.*
* ***Travel*** *– It is recommended that for International Travel the UNE Travel Policy and Procedure, Smartraveller and International SOS sites be reviewed well in advance before completing this risk assessment.* ***International destinations that have a travel advice warning from Department of Foreign Affairs and Trade (DFAT) of Level 3 or 4 MUST have a Risk Assessment approved by WHS Team and Insurance prior to approval from the Head of Cost Centre with specific DFAT warnings addressed in the assessment.***
* *The* ***Head of Cost Centre*** *will approve and retain the original form, in addition it may be necessary to complete other documents and have them approved within your Cost Centre, UNE Insurance, WHS Team, National Parks / RFS or landowners to obtain information on fire restrictions, access, and vehicle use.*

**Part B: Risk Assessment Details** - *Mandatory*

|  |  |
| --- | --- |
| ***Risk Assessment Consultation Group*** *List the risk assessment team with the first person being the author of the risk assessment. N.B. A minimum of two competent people are to be included in the risk assessment team including a Health and Safety Representative (HSR) where possible.* |  |
| ***Location – Where is the hazard?*** | |
| *Insert the location of the hazard/s that have been identified* | |

### Part C: Person completing Risk Assessment - *Mandatory*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position |  | Staff number (If any) |  |
| Contact work |  | After hours |  |
| Supervisor |  | Cost Centre |  |

### Part D: Plant and Equipment Details – *Remove from View if not applicable using tab on the left of ‘Part D’ Menu Bar*

|  |  |
| --- | --- |
| Plant / Equipment description |  |
| Manufacturer Documents -  *eg: Risk Assessment, SOP, Technical Instructions* |  |
| List Licences Required |  |
| Training Required |  |

### Part E: Process or Task Details - *Remove from View if not applicable using tab on the left of ‘Part E’ Menu Bar*

|  |  |
| --- | --- |
| Process or Task description |  |
| Documents relevant  *eg: Risk Assessment, SOP, Technical Instructions* |  |
| List Licences Required |  |
| Training Required |  |
| Supervisor of Process / Task |  |
| Plant and Equipment used  *if relevant Part D must be completed.* |  |
| Hazardous Substance/s used  *if relevant Part F must be completed*. |  |

### Part F: Hazardous Substance Details - *Remove from View if not applicable using tab on the left of ‘Part F’ Menu Bar*

|  |  |
| --- | --- |
| Hazardous Substance description |  |
| Documents relevant  *eg: Risk Assessment, SOP, Technical Instructions, SDS* |  |
| List Licences Required |  |
| Training Required |  |
| Process / Task – *if relevant Part E must be completed.* |  |
| Plant and Equipment used  *if relevant Part D must be completed.* |  |

**Part G: Event Description** – *Remove from View if not applicable using tab on the left of ‘Part G’ Menu Bar*

|  |  |
| --- | --- |
| Event Location & Date |  |
| Event Activities  *N.B. It is not permitted for any tent pegs or any other posts to be driven in to the ground without the express permission from FMS or Safety and Security.* |  |
| Person in Control of Event |  |
| Vendor or other stakeholders |  |
| Have FMS and Safety & Security been informed |  |
| Have relevant insurances been obtained |  |

**Part H: Alcohol Details –** *Remove from View if not applicable using tab on the left of ‘Part H’ Menu Bar*

|  |  |  |  |
| --- | --- | --- | --- |
| Event Location |  | Date |  |
| Start Time |  | Finish Time |  |
| Pack up and Clean up Time |  | Number of people expected to attend |  |
| Person in Control of Event |  | Vendors or other stakeholders |  |
| Name of RF / RA / RT on duty |  | Phone of RF / RA / RT on duty |  |
| Name of JCR Sober Rep/s (Must have RSA) |  | Phone of JCR Sober Rep/s |  |
| Type and Quantity of alcohol |  | Is the event BYO? |  |
| Type and Quantity of food |  | Free water available |  |
| Where alcohol is being served/supplied? |  | Is alcohol being served/supplied in standard measures? |  |
| Is a Liquor Licence being extended to UNE property for the event? |  | Will alcohol be sold at the event? |  |
| Is admission going to be charged for this event? Does admission include alcohol? |  | What measures do you have in place to deal with intoxicated and / or violent people? – Cover in detail in Risk Assessment Part P |  |
| Are there any entertainment or recreational activities/games/ sport at the event? |  | Is the event being held in a controlled area – where entry and exits points are monitored? Where/how? |  |
| Event organisers understand that drinking games or other activities that promote rapid intoxication are prohibited? |  | Will Head of College be present at the event? |  |

### Part I: Fieldwork Activities description – *Remove from View if not applicable using tab on the left of ‘Part I’ Menu Bar*

*This must include LOCATION of fieldwork/excursion (include a map or Grid Coordinates if available), the purpose of the trip and the justification for inclusion of fieldwork activity, the type of WORK/ACTIVITY being undertaken and role of participants. It is recommended that you review and complete the Fieldwork Planning Guide & Checklist WHS F010 before commencing.*

|  |  |
| --- | --- |
| Fieldwork Location |  |
| Fieldwork Activities |  |
| Fieldwork Person in Control |  |
| Fieldwork Supervisor |  |
| Is Travel involved in the Fieldwork? *If yes complete Part K* | **Yes / No** |
| Is Plant and Equipment being used? *If yes complete Part D* | **Yes / No** |
| Is Hazardous Substance/s being used? *If yes complete Part F* | **Yes / No** |
| Are there any vaccinations required by participants? *Details if yes* | **Yes / No** |
| Are there any biosecurity considerations required? *Details if yes* | **Yes / No** |

### Part J: Fieldtrip / Excursion Members - *Remove from View if not applicable using tab on the left of ‘Part J’ Menu Bar*

*Names of participants must be included in the travel booking tool. If no travel booking has been completed, as yet, and names are known, list names of participants. All participants MUST complete the WHS F012 Fieldwork Participation Declaration and if participants are volunteers and not University Staff or Students they MUST complete the WHS F034 Volunteer Acknowledgement prior to departure.  
Include every person on the trip and their status eg: Staff, Undergraduate/Postgraduate etc.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total number of participants |  | | | | |
| Name/s |  | | Role |  | |
| Names of First aid qualified participants |  | | Qualification -  *FA, Mental Health FA, CPR, Defib* |  | |
| WHS F012 Fieldwork Participation Declaration | | **Yes / No** | WHS F034 Volunteer Acknowledgement | | **Yes / No** |

### Part K: Travel – Domestic and International description – *Remove from View if not applicable using tab on the left of ‘Part K’ Menu Bar*

*It is recommended that for International Travel the UNE Travel Policy and Procedure, Smartraveller and International SOS sites be reviewed well in advance before completing this risk assessment.* ***International destinations that have a travel advice warning from DFAT of Level 3 or 4 MUST have a Risk Assessment approved by WHS Team and Insurance prior to approval from the head of cost centre with specific DFAT warnings addressed in the assessment.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Travel Type | **Domestic** | | | | **International** | | | | |
| Destination Details |  | | | | | | | | |
| Supervisor of Travel Name |  | | | **Contact Details- Email & Phone** | | | |  | |
| Destination Contact Person |  | | | **Contact Details – Email & Phone** | | | |  | |
| Name of person at UNE who is monitoring the trip? |  | | | **Contact Details – Email & Phone** | | | |  | |
| Is Fieldwork being conducted as part of the trip? *If yes complete Part I & J* | **Yes / No** | | | | | | | | |
| **International Travel Only** | | | | | | | | | |
| What is the DFAT Travel Advice Level for your Destination/s  *Check the Smartraveller site for this* | **Level 1** Exercise Normal Safety Precautions | **Level 2** Exercise a high degree of caution | | | | **Level 3** Reconsider your need to travel | | | **Level 4** Do not travel |
|  |  | | | |  | | |  |
| What is the specific warning advice on Smartraveller for your Destination/s? Provide a summary of the advice. These warnings MUST be addressed in the Risk Assessment in Part P |  | | | | | | | | |
| Have you obtained pre-departure medical and security advice from International SOS? *UNE travellers are entitled to this advice access on Campus Travel.* | Yes / No | | Have you Registered your Travel Plans with DFAT using the Smartraveller site? | | | | Yes / No | | |
| Have all required vaccinations and health checks been conducted? *If yes details* | Yes / No | | Are all travellers confident and willing to conduct the travel? *Travellers should be provided with a full briefing of the trip details* | | | | Yes / No | | |

### Part L: Travel Itinerary – Mandatory for all Travel and Fieldwork - *Remove from View if not applicable using tab on the left of ‘Part L’ Menu Bar*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Point of Departure |  | Date |  | Time |  |
| Point of Destination |  | Date |  | Time |  |
| Accommodation Details at Destination |  | Date In |  | Date Out |  |
| Location of Stopovers or other Destinations during travel |  | Date |  | Time |  |
| Accommodation Details at Stopovers / Other Destinations |  | Date In |  | Date Out |  |
| Point of Return |  | Date |  | Time |  |

**Part M: Transport Details** - **Mandatory for all Travel and Fieldwork -** *Remove from View if not applicable using tab on the left of ‘Part M’ Menu Bar*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Transport | University Vehicle | Public transport | | | Private transport | |
|  |  | | |  | |
| Car | Train | Bus | | | Aero plane | |
|  |  |  | | |  | |
| University Vehicle/s  (Make & Model) |  | | Registration Number (if known) |  | | |
| Private Vehicle/s  (Make & Model & Registration number) |  | | Has the use of private vehicle been authorised by HoCC and copies been provided of Driver’s Licence, current Registration and relevant insurance? | | | Yes / No |
| Drivers Name |  | | Licence Number & Type | | |  |

### Part N: Communication & Emergency Plan - Mandatory Travel & Fieldwork - *Remove from View if not applicable using tab on the left of ‘Part N’ Menu Bar*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provide details of your Communication and Emergency Plan. Provide dot points on what will you do in an emergency situation and what are your communication actions? How can you be contacted or what is the trigger point for your supervisor to enact this plan? |  | | | |
| Name of Emergency Contact Person | |  | Phone & Email contact |  |
| Name of UNE Contact Person | |  | Phone & Email contact |  |
| Name of alternate contact person on trip / fieldwork | |  | Phone & Email contact |  |

### Part O: Safety equipment is being used - *Remove from View if not applicable using tab on the left of ‘Part O’ Menu Bar*

|  |  |
| --- | --- |
| What Safety Equipment is being used eg: SPOT checker, Sat phone, PPE |  |
| Are participants appropriately trained to safely use equipment issued? Provide details of training provided |  |

### Part P: Risk Assessment - *Mandatory*

Use the **Risk Matrix in Annex 1** to determine the Risk Rating and Response Required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard Identification and Risk Assessment** | | | | | |
| **Hazard**  *What are the hazards?* | **Risks**  *What are the Risks associated with the hazard? There may be several Risks from each Hazard.* | **Risk Rating Before Control**  *What is the Risk Rating before Control and Response? See Step 1 & 2 Risk Matrix* | **Controls**  *What are the things that will remove or reduce the risk that are required to be implemented? See Step 3 of the Risk Matrix* | **Risk Rating After Control**  *What is the residual Risk Rating after the Control has been implemented?* | **Risk Owner**  *Who is person responsible for implementing and monitoring Controls?* |
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### Part Q: Supervisor & Other Approvals – *Mandatory*

* I confirm this Risk Assessment accurately addresses details of the hazards and risks associated with this event, travel, process, equipment, fieldwork and/or activity: **Yes / No**
* I will ensure that all participants that are impacted including Fieldwork participants are informed of the hazards, risks and controls in this assessment: **Yes / No**
* I confirm that all required approvals will be obtained prior to proceeding with this event, travel, process, use of equipment, fieldwork or activity: **Yes / No**
* I confirm that UNE Insurance [insurance@une.edu.au](mailto:insurance@une.edu.au) and WHS Team [whs@une.edu.au](mailto:whs@une.edu.au) have been provided this Risk Assessment for International Travel where the destination/s have a Travel Advice of Level 3 or 4 from DFAT for review and approval: **Yes / No / NA**
* I confirm that all required forms are completed and attached with this assessment: **Yes / No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assurance of Supervisor / Applicant** Fieldwork – Event – Travel - Activity | **Name** | **Date** | **Signature** |
| Supervisor |  |  |  |
| **Approvals** | **Name** | **Date** | **Signature** |
| Approval Supervisor |  |  |  |
| Approved (Head of School/Cost Centre) |  |  |  |
| Approval Insurance |  |  |  |

**Attached relevant forms / Booking numbers**

|  |  |  |  |
| --- | --- | --- | --- |
| WHS F010 Fieldwork Planning Guide & Checklist | Yes / No | Travel Booking Completed? | Yes / No |
| WHS F012 Fieldwork Participation Declaration | Yes / No | Motor Vehicle requisition Form? | Yes / No |
| WHS F034 Volunteer Acknowledgement | Yes / No | Other: Provide Details | Yes / No |

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| ***Records Storage Instructions:*** |
| *This completed form must be recorded in TRIM Container A16/3832 utilising a TRIM license in your School/Business Unit. The naming convention must include the name of the form.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Assessment Matrix** | | | | | |
| **Step 1 – Determine the Likelihood and Consequence** | | | | | |
| **Likelihood** | | | | | |
| **Consequence** | **Rare**  Likely to occur in very exceptional circumstances | **Unlikely**  Could occur at some time | **Possible**  May occur at some time | **Likely**  Will probably occur or has happened before | **Almost Certain**  Expected to occur |
| **Insignificant** No personal injury, no adverse outcomes | 1-Very Low | 2-Very Low | 4-Low | 7-Medium | 11-Medium |
| **Minor**  Minor injury (first aid treatment) and adverse outcomes | 3-Very Low | 5-Low | 8-Medium | 12-Medium | 16-High |
| **Moderate**  Serious injury (medical treatment) adverse outcomes | 6-Low | 9-Medium | 13-Medium | 17-High | 20-Very High |
| **Major**  Serious injury (long term absence) major adverse outcomes | 10-Medium | 14-Medium | 18-High | 21-Very High | 23-Severe |
| **Catastrophic**  Fatality or permanent impairment, government intervention | 15-Medium | 19-High | 22-Very High | 24-Severe | 25-Severe |
| **Step 2 – Determine the Risk Rating and Response Required** | | | | | |
| **Risk Rating** | **Response Required** | | | | |
| **23-25 Severe** | Highest Priority – stop work and implement controls immediately | | | | |
| **20-22 Very High** | Requires urgent attention - temporary controls to be implemented in interim | | | | |
| **16-19 High** | Requires urgent attention – plan for controls through consultation | | | | |
| **7-15 Medium** | Requires attention – controls to be established through consultation | | | | |
| **4-6 Low** | Requires monitoring - controls to be established through consultation | | | | |
| **1-3 Very Low** | Requires monitoring | | | | |
| **Step 3 – Implement the Highest Control that is available** | | | | | |
| **Hierarchy of Controls** | | | | | |
| **Elimination** | **Highest** - Physically remove the hazard – *This is not always possible* | | | | |
| **Substitution** | Replace the hazard with something less hazardous – *eg: replace lead based paint with water based paint to lessen the risks* | | | | |
| **Engineering** | Isolate people from the hazard by using engineering controls *– eg: install roll-over protection bars on a quad bike* | | | | |
| **Administrative** | Administrative controls – *eg: procedures, training, maintenance programs, safety signage* | | | | |
| **PPE** | **Lowest -** Personal Protective Equipment – *to be used in conjunction with other controls or as a last resort in isolation – eg: steel cap boots, gloves, eye/hearing protection* | | | | |