

Risk Assessment for task or process

Date:	School / Dept:	Assessment completed by:	Contact No.:
What is the task?		Location where task is being conducted:	
Briefly explain the procedure for this task (incl. Ref to other procedures)			

Step in Process	Hazards in carrying out this step eg.	Risk (Harm) eg	EXISTING CONTROLS	Risk <u>Rating</u> with existing controls? <i>See next page</i>			ADDITIONAL CONTROLS REQUIRED	Risk <u>Rat</u> with addition control	
				consequence	Likelihood	rating		consequence	likelihood
List major steps or tasks in process eg <input type="checkbox"/> Blood collection <input type="checkbox"/> Centrifugation <input type="checkbox"/> Loading truck <input type="checkbox"/> Stacking shelf	<input type="checkbox"/> Noise <input type="checkbox"/> Dust/fumes/Vapours etc. <input type="checkbox"/> Heat/cold <input type="checkbox"/> Electrical <input type="checkbox"/> Moving Parts	<input type="checkbox"/> Electric shock <input type="checkbox"/> Eye infection <input type="checkbox"/> Fire / explosion <input type="checkbox"/> Physical injury <input type="checkbox"/> Cut / graze <input type="checkbox"/> Chemical burn	List all current controls that are already in place or that will be used to undertake the task eg <input type="checkbox"/> List of Personal Protective Equipment (PPE) <input type="checkbox"/> Identify types facility, location <input type="checkbox"/> Existing safety measurers <input type="checkbox"/> Existing emergency procedures				Additional controls may be required to reduce risk rating eg <input type="checkbox"/> Greater containment (PC2) <input type="checkbox"/> Additional PPE – gloves safety glasses <input type="checkbox"/> Specific induction / training		

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Please complete if any of the items below are applicable.

Is there a requirement for safe storage?

How is access prevented except to authorised persons?

In the event of an emergency you will..... (include first aid provisions, procedure if spills/leaks/accident/fire/injury)

OTHER ACTION REQUIRED TO ENSURE THE SAFETY OF PERSONS INVOLVED, EQUIPMENT, ENVIRONMENT, MEMBERS OF THE PUBLIC

The task should not proceed if the risk rating after the controls are implemented is still either HIGH or EXTREME.

Supervisor or designated officer Sign off: _____ Date: _____

Name: _____ Contact No. _____