

## WORKPLACE TMP RISK ASSESSMENT FORM

Company Name:

RAF #:

Company Address:

Company Contact:












Phone #:

| ELIMINATION  |                      | SUBSTITUTION                                 |                    | ISOLATION  |                     | ENGINEERING   |  | ADMINISTRATION  |  | PPE |  |
|--|----------------------|--|--------------------|--|---------------------|---|--|---|--|-----|--|
| <b>STEP 1: DETERMINE LIKELIHOOD: What is the possibility that the effect will occur?</b> |                      |  |                    |  |                     | <b>STEP 2: DETERMINE CONSEQUENCE: What will be the expected effect?</b>   |  |   |  |     |  |
|  |                      | <b>CRITERIA</b>                              |                    | <b>DESCRIPTION</b>   |                     | <b>LEVEL OF EFFECT:</b>   |  | <b>EXAMPLE OF EACH LEVEL:</b>   |  |     |  |
| <b>ALMOST CERTAIN</b>  |                      | Expected in most circumstances.              |                    | The effect is a common result.   |                     | <b>INSIGNIFICANT/ACCEPTABLE</b>   |  | No effect – or so minor that effect is acceptable.  |  |     |  |
| <b>LIKELY</b>  |                      | Will probably occur in most circumstances.   |                    | The effect is known to have occurred previously.                               |                     | <b>MINOR</b>  |  | First Aid treatment only.   |  |     |  |
| <b>POSSIBLE</b>  |                      | Might occur at some time.                    |                    | The effect could occur or, I've heard of it happening.                         |                     | <b>MODERATE</b>   |  | Serious injuries, medium business interruption, medium environmental impact.  |  |     |  |
| <b>UNLIKELY</b>  |                      | Could occur at some time.                    |                    | The effect is not likely to occur or, I have not heard of it happening before. |                     | <b>MAJOR</b>  |  | Extensive injuries/Death; significant business interruption, major loss of credibility, Environmental harm, prosecution.  |  |     |  |
| <b>RARE</b>  |                      | May occur only in exceptional circumstances. |                    | The effect is practically impossible.  |                     | <b>CATASTROPHIC</b>   |  | Multiple Permanent Total Disability injuries; multiple deaths. Business failure, substantial environmental harm, prosecution/imprisonment.  |  |     |  |
| <b>STEP 3: DETERMINE THE RISK SCORE:</b>   |                      |  | <b>CONSEQUENCE</b> |  |                     | <b>STEP 4: RECORD RISK SCORE ON THE WORKSHEET: (Note – Risk scores have no absolute value and should only be used for comparison and to engender discussion.)</b> |  |   |  |     |  |
| <b>LIKELIHOOD</b>  | <b>INSIGNIFICANT</b> | <b>MINOR</b>                                 | <b>MODERATE</b>    | <b>MAJOR</b>   | <b>CATASTROPHIC</b> | <b>SCORE</b>  |  | <b>ACTION</b>   |  |     |  |
| <b>ALMOST CERTAIN</b>  | <b>3 HIGH</b>        | <b>3 HIGH</b>                                | <b>4 ACUTE</b>     | <b>4 ACUTE</b>   | <b>4 ACUTE</b>      | <b>4A: ACUTE</b>  |  | <i><b>DO NOT PROCEED.</b></i> Requires immediate attention. Introduce further high-level controls to lower the risk level. Re-assess before proceeding.                                     |  |     |  |
| <b>LIKELY</b>  | <b>2 MOD.</b>        | <b>3 HIGH</b>                                | <b>3 HIGH</b>      | <b>4 ACUTE</b>   | <b>4 ACUTE</b>      | <b>3H: HIGH</b>   |  | <i><b>Review before commencing work.</b></i> Introduce new controls and/or maintain high-level controls to lower the risk level. Monitor frequently to ensure control measures are working. |  |     |  |
| <b>POSSIBLE</b>  | <b>1 Low</b>         | <b>2 MOD.</b>                                | <b>3 HIGH</b>      | <b>4 ACUTE</b>   | <b>4 ACUTE</b>      | <b>2M: MOD.</b>   |  | <i><b>Maintain control measures.</b></i> Proceed with work. Monitor and review regularly, and if any equipment/people/materials/work processes or procedures change.                        |  |     |  |
| <b>UNLIKELY</b>  | <b>1 Low</b>         | <b>1 Low</b>                                 | <b>2 MOD.</b>      | <b>3 HIGH</b>  | <b>4 ACUTE</b>      | <b>1L: Low</b>  |  | <i><b>Record and monitor.</b></i> Proceed with work. Review regularly, and if any equipment/people/materials/work processes or procedures change.   |  |     |  |
| <b>RARE</b>  | <b>1 Low</b>         | <b>1 Low</b>                                 | <b>2 MOD.</b>      | <b>3 HIGH</b>  | <b>3 HIGH</b>       |   |  |   |  |     |  |

|  |  |
|--|--|
| Scope of Traffic Management Risk Assessment: | <b>WORK ACTIVITY MAY INVOLVE THE FOLLOWING “HIGHER RISK CONDITIONS”</b><br><input type="checkbox"/> Forklift Operation<br><input type="checkbox"/> Heavy Vehicle Operation<br><input type="checkbox"/> Pedestrian and vehicle operation in same area<br><input type="checkbox"/> Blind corners |
|--|--|

NOTE: Relevant workers must be consulted in the development, approval and communication of this Risk Assessment

|   |  |              |            |       |
|---|--|--------------|------------|-------|
| Name of Assessor  |  | Signature:   | Job Title: | Date: |
| Names of people consulted with during development of this Risk Assessment |  | Signature/s: | Job Title: | Date: |
| Person Responsible for ensuring compliance with Risk Assessment           |  | Signature:   | Job Title: | Date: |
| Risk Assessment Approved by   |  | Signature:   | Job Title: | Date: |

|   |   |   |   |   |  |   |   |   |   |   |   |
|---|---|---|---|---|--|---|---|---|---|---|---|
| FOOT PROTECTION   | HEARING PROTECTION  | HIGH VISIBILITY   | HEAD PROTECTION   | EYE PROTECTION  | FACE PROTECTION  | HAND PROTECTION   | PROTECTIVE CLOTHING   | BREATHING PROTECTION  | SUN PROTECTION  | SAFETY HARNESS  |   |
|  |  |  |  |  |  |  |  |  |  |  | Do not wear rings, watches or jewellery that may become entangled. Long and loose hair must be tied back. |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   |

**NOTE: RR = Residual Risk Rating after controls are implemented**

| CONTROL MEASURES   |   | RR |
|--|---|----|
| Site Traffic Hazard -: Have workers, mobile plant operators and others entering site using a vehicle been consulted regarding traffic risk? Y / N  |   |    |
| <input type="checkbox"/> Pedestrian Access<br><input type="checkbox"/> Work Area Layout<br><input type="checkbox"/> Loading Zones<br><input type="checkbox"/> Parking Zones<br><input type="checkbox"/> Environmental factors e.g. glare, LIGHTING, shade areas<br><input type="checkbox"/> Other - specify: | Elimination - can the work or environment be altered so that traffic hazards are no longer a threat?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Detail control measures –<br>Example control measures shown- Replace with control measures applicable to your circumstances<br><input type="checkbox"/> Information and instruction about safe traffic and pedestrian movement on site provided to visitors, contractors and external delivery drivers<br><input type="checkbox"/> Limit types of vehicles and mobile plant accessing the site |    |

**NOTE: RR = Residual Risk Rating after controls are implemented**

|   |  | CONTROL MEASURES | RR |
|---|--|------------------|----|
| <input type="checkbox"/> ?  |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |
| Traffic Management Hazard – Other: Can the workers Traffic Management levels be increased or affected by..... |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |
| <input type="checkbox"/> ?  |  |                  |    |

**OVERALL RISK RATING AFTER CONTROLS**    
  4 ACUTE    
  3 HIGH    
  2 MODERATE    
  1 Low

| Monitor and Review  | Person Responsible:  |
|---|--|
| To ensure control measures are implemented and monitored effectively: <ul style="list-style-type: none"> <li>◆ Toolbox /pre-work meetings will undertaken</li> <li>◆ Relevant persons will be consulted on the contents of this Risk Assessment</li> <li>◆ Control measures will be monitored throughout work activities:               <ul style="list-style-type: none"> <li>○ Spot checks     ○ Consultation     ○ Scheduled audits</li> </ul> </li> <li>◆ Corrective actions will be recorded and rectified in a timely manner</li> <li>◆ This Risk Assessment will be reviewed and updated accordingly (in consultation with relevant persons).</li> </ul> | This Risk Assessment will be reviewed: <ul style="list-style-type: none"> <li>◆ If controls fail to reduce risk adequately</li> <li>◆ When changes to the workplace or work activity occur that create new / different risks, or risk levels, where controls may no longer be effective</li> <li>◆ New hazards or risks are identified</li> <li>◆ After an Incident involving activities relevant to this Risk Assessment</li> <li>◆ During consultation with relevant persons indicate review is needed</li> <li>◆ A representative (e.g. Health and Safety Representative) requests a review.</li> </ul> |

| REVIEW NO. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------|---|---|---|---|---|---|---|---|
| NAME       |   |   |   |   |   |   |   |   |
| INITIAL    |   |   |   |   |   |   |   |   |
| DATE       |   |   |   |   |   |   |   |   |