



Appendix B WHS Hazard and Risk Assessment Template

- This form is used when a documented risk assessment is required in accordance with Appendix A of WHSMS Handbook Chapter 3.1.
- Original risk assessments must be located in a convenient location in the local area accessible by all people affected by the risk assessment.
- Risk assessment for static hazards/tasks/activities must be forwarded to local WHS Officer/Manager for inclusion in the School/Service Division Static Risk Assessment Template.

Static Risk Assessment No.	Assessment Date	Reviewed by Date	Version			
<i>To be assigned by WHS Officer/Manager or equivalent</i>	6 September 2021	<i>Refer to Table 5 to determ</i>	1.0			
Name of the Task/Activity/Area/Hazards assessed	Brief campus visit to collect essential items. During ANU COVID level – Orange or Red.	Top Residual Risk (L, M, H, E)				
		High				
Description of the activity/task & location	CECS staff and postgraduate students - Brief campus visit to collect essential IT related items. During ANU COVID level – Orange or Red.					
School/Service Division	CECS – SoEn, SoCo, SoCy and PSG (inclusive of OOD and Advancement)					
Location and Supervisor	Location	All CECS Buildings	Supervisor	Cecilia Phung	Ph	58609
	Name	Kate McKenzie	Email	katja.mckenzie@anu.edu.au	Ph	x58872
Risk Assessment Team Have you completed ANU WHS Risk Management Training? <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, DO NOT PROCEED	Name	Neil Kaines	Email	neil.kaines@anu.edu.au	Ph	
	Name		Email		Ph	
	Name		Email		Ph	
	Name		Email		Ph	
Who are affected by this RA?	<input type="checkbox"/> All people in the location <input type="checkbox"/> A single person (list below) <input checked="" type="checkbox"/> A group/s of people (list below) All staff/students that request access and that are approved.					
Who are consulted on this RA? (All persons affected or their representatives needs to be consulted)	<i>List the names of people who are consulted – <u>Mandatory</u> unless there is only 1 person affected</i> GM PSO School Managers WHS Manager Technical Services Manager CECS IT Team					
WHS Legal and Other Requirements	Work Health and Safety Act 2011 (Cth) Work Health and Safety Regulations 2011 (Cth) ANU COVID Guidelines ACT Health Directions					



Type of RA	<input type="checkbox"/> Static RA (long term and > 6 months) - Send a copy (electronic) to WHS Officer/Manager and keep original locally near the activity/location, accessible to all people affected. <input checked="" type="checkbox"/> Dynamic RA (short term and < 6 months or once off) – Keep the original locally (electronically or physically) near the activity/location, accessible to all people affected.
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Risk Assessment Instruction

1. Select hazards from **Table 1** below and transfer them into the 'Hazards' column of the RA Form.
2. Enter where and when this hazard exists. This may include specification of during which step, this hazard exists.
3. Estimate inherent risk of the hazard (without any controls in place) by using Likelihood against Consequences (defined in **Table 2**) and the ANU WHS Risk Matrix (**Table 3**). List them in 'Inherent Risk' column of the RA Form.
4. Develop control measures in accordance with the Hierarchy of Control Principle (**Table 4**) and list them in 'Control' column of the RA Form.
5. Estimate the residual risk of the hazard after implementing all controls. Remember that administrative control can only reduce the likelihood of an event occurring, not the consequences.
6. Identify any controls that are not in place as corrective actions and implement them before undertaking the activity.
7. Obtain approval from relevant people as identified.
8. Identify if this is a static risk assessment (> 6 months) or dynamic risk assessment (< 6 months).
9. Send a copy of the static risk assessments to WHS Officers/Managers/Equivalent – Keep on file for 7 years.
10. Keep originals of risk assessments in close vicinity of the activities. Dynamic risk assessments can be destroyed 1 year after the activity ceases.
11. Review the static risk assessments and associated safe work procedures in accordance with **3.1.2.6 Step 4: Review Control Measures** requirements

Table 1. Hazard Selection Table for Hazard Profiles

<table border="1"> <thead> <tr> <th colspan="2">Electrical</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Electrical Shock (both minor and major)</td></tr> <tr><td><input type="checkbox"/></td><td>Electrical Burns (both minor and major)</td></tr> <tr><td><input type="checkbox"/></td><td>Overheating and fire</td></tr> <tr><td><input type="checkbox"/></td><td>Electrocution</td></tr> <tr><td><input type="checkbox"/></td><td>Other (<i>not listed above</i>)</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Chemical</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Airborne contaminants that poses a health hazard</td></tr> <tr><td><input type="checkbox"/></td><td>Flammable <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Gas <input type="checkbox"/> Airborne contaminants</td></tr> <tr><td><input type="checkbox"/></td><td>Explosive substances</td></tr> <tr><td><input 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<input type="checkbox"/>	Corrosive <input type="checkbox"/> Substances <input type="checkbox"/> Gas <input type="checkbox"/> Airborne contaminants																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Asphyxiate gas (e.g. CO ₂ including dry ice, liquid N ₂)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Toxic and health hazard substances																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Toxic gas (e.g. Hydrogen cyanide, cyanogen)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Respiratory irritants (e.g. engineered nanomaterials, dust, asbestos)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Chemical spraying (e.g. agricultural, pesticides)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Chemicals requiring health monitoring (e.g. Schedule 14 Chemicals).																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Prohibited and restricted carcinogens																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Mutagens or reproductive system hazards																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Hazards during storage (e.g. mixed hazards storage, dangerous when wet, temperature sensitive, heat & friction sensitive etc)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Mix two chemicals to form a new chemical																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Chemical spill – Controlled or uncontrolled																																																																																																																																																																																																																																																			
Chemical																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Exposure to Hazardous Materials (e.g. Asbestos, Lead or Mercury).																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Other (<i>not listed above, e.g. hazard interactions</i>)																																																																																																																																																																																																																																																			
Biological																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Live animal handling (e.g. bites, allergies)																																																																																																																																																																																																																																																			
<input checked="" type="checkbox"/>	Potential of uncontrolled outbreak of an infectious disease																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Pathogen or body fluid contamination																																																																																																																																																																																																																																																			
<input checked="" type="checkbox"/>	Exposure to viruses including blood borne viruses																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Infective microorganism exposure																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Exposure to communicable or infectious disease as a research object																																																																																																																																																																																																																																																			
<input type="checkbox"/>	GMO exposure and security																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Sharps and contaminated sharps																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Biological material spillage																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Other (<i>not listed above</i>)																																																																																																																																																																																																																																																			
Plant and Equipment																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Entanglement and trapping parts																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Crushing, rotating and cutting parts																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Serious burn/cold																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Ejection of piece/s; shattering or fragmentation; Explosion; Implosion																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Stabbing, puncturing, shearing, friction, abrasion																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Lifts or suspends a load (e.g. falling objects)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Rollover or striking against the plant																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Pressurised vessels (e.g. autoclave, boilers, steam generator)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Mobile lifting equipment and Elevated Work Platform (e.g. heavy load fall from height)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Hazardous levels of heat or vibration (generated by plant to whole or part body)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Potential exposure to fluids under high pressure																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Other (<i>not listed above</i>)																																																																																																																																																																																																																																																			
Noise																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Exposure to 85dB(A) LAeq, 8h																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Exposure to peak noise level of 130 dB(C) any time during the work activity																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Exposure to ototoxic chemicals: <input type="checkbox"/> At any noise level <input type="checkbox"/> > 50% of the OEL of the chemical at any noise level <input type="checkbox"/> At over 100 dB noise level but any level of exposure to ototoxic chemicals																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Exposure to vibration & ototoxic chemicals																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Nuisance level of noise causing discomfort																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Other (<i>not listed above</i>)																																																																																																																																																																																																																																																			
Radiation																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Sealed or Unsealed sources (alpha, beta or gamma)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Exposure to EM Radiations (e.g. X-ray, UV, infrared)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Exposure to artificial radiation (e.g. laser)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Security of sealed and unsealed sources																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Other (<i>not listed above</i>)																																																																																																																																																																																																																																																			
Ergonomics and Manual Tasks																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Repetitive or sustained forces																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Sustained awkward static postures																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Repetitive movements																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Long duration																																																																																																																																																																																																																																																			
<input type="checkbox"/>	High Forces																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Long duration of the same posture (e.g. standing, sitting)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Animal handling or handling unbalanced/unpredictable load																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Transfer of item(s) up or down stairs, using both hands or requiring the use of lifting equipment from one level to another																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Repetitive, monotonous work, at a high pace																																																																																																																																																																																																																																																			
Duress and Security Stress																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Personal life threat e.g. violence behaviour, attacking with knives, guns, clubs, or any type of weapon																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Personal threat e.g. aggressive behaviour, physical abuse, assault (includes home visits, public interview)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Verbal abuse, threat																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Sexual assault/Raping																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Bomb threat or unidentified package																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Throwing objects, pushing, shoving, tripping, grabbing, kicking, hitting																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Contact with body fluid (e.g. biting, spitting, scratching)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Kidnaping in a public location while conducting interviews																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Unauthorised persons gained access to a building																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Other (<i>not listed above</i>)																																																																																																																																																																																																																																																			
Public Safety																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Uncontrolled spread of hazardous materials to public																																																																																																																																																																																																																																																			
<input checked="" type="checkbox"/>	Uncontrolled spread of GMO, communicable or infectious disease to public																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Natural disaster e.g. earthquake, flood, bushfire																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Explosion of liquid nitrogen tanks or other tanks that would injure public																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Loss of radioactive sources that are potentially hazards to students and public																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Hazardous wastes going into drinking water/public river/public sewage																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Use of industrial robots or University designed robots																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Use of VR, AI or emerging technology on experiment participants																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Provide experiment participants with confronting materials that would cause traumatic events																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Supply/inject/apply substances (e.g. alcohol, chemical, S4-S9 drugs) to experiment participants																																																																																																																																																																																																																																																			
Public Safety																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Other (<i>not listed above</i>)																																																																																																																																																																																																																																																			
Physical/Environmental																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Animals (e.g. hazardous wild animals, bees, snakes)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Confined space entry (e.g. pit, tank, silo, entry through a hatch)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Fall from a height (e.g. ladder, elevated platform, cliff, scaffolding)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Fire (potential for uncontrolled fire due to ignition sources)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Flying or moving items/plant/vehicles, falling object(s)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Hazardous terrain or environment including wet/slippery surfaces																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Lighting/visibility is compromised and hazardous																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Exceedingly strong lighting both natural and artificial																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Glare and reflections																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Temperature or weather extremes (e.g. hypothermia, major burns)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Difficult to access work site, or a rescue effort would be difficult in the event of an emergency																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Poor air quality or ventilation at work																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Insufficient/poor amenities (e.g. toilets, lunch area, breakout area, air-conditioner)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Fall on same level (e.g. slip, trip, wet or unstable surface)																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Other (<i>not listed above</i>)																																																																																																																																																																																																																																																			
Traffic Safety																																																																																																																																																																																																																																																				
<input type="checkbox"/>	Lack of separation of vehicles, delivery drivers and pedestrians																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Lack of physical barriers to prevent interaction between vehicles, delivery drivers and pedestrians																																																																																																																																																																																																																																																			
<input type="checkbox"/>	Vehicles queue in a way that could create risks to pedestrians, for example crossing walkways or obstructing people's view of vehicles																																																																																																																																																																																																																																																			

Work Health and Safety Management System (WHSMS) Handbook

Traffic Safety	
<input type="checkbox"/>	Routes are not wide enough to separate vehicles and pedestrians
<input type="checkbox"/>	Vehicles and pedestrians frequently interact
<input type="checkbox"/>	Activities done close to public areas (e.g. students coming out from a School building)
<input type="checkbox"/>	Unsuitable road conditions, uneven terrains, unregulated road routes
<input type="checkbox"/>	Certain times of higher traffic volumes or interactions between vehicles, delivery drivers and pedestrians
<input type="checkbox"/>	Poor lighting, visibility, shade or glare
<input type="checkbox"/>	Potential contact with stationary objects e.g. overhead structures, stationary plant or stored or discarded items.
<input type="checkbox"/>	Blind spots at the workplace caused by stationary equipment and vehicles and other areas of poor visibility or low lighting levels
<input type="checkbox"/>	Other hazards e.g. noise, emissions or falling objects surrounding the building
<input type="checkbox"/>	Pedestrian routes are not designed so pedestrians will not take short cuts
<input type="checkbox"/>	Intersections and bottleneck areas around driveways and entrances
<input type="checkbox"/>	'Blind' or convex corners
<input type="checkbox"/>	Lack of disabled access to and within a workplace
<input type="checkbox"/>	Workers are not aware of insurance policy or emergency procedure on road
<input type="checkbox"/>	Lack of maintenance of bikes and cars provided to workers
<input type="checkbox"/>	Use of personal vehicle or bikes for work activities
<input type="checkbox"/>	Other (<i>not listed above</i>)

Event Specific	
<input type="checkbox"/>	Access to the event is restricted/controlled
<input type="checkbox"/>	Amenities, including disabled amenities inadequate/insufficient
<input type="checkbox"/>	Amusement structures/rides/inflatable structures
<input type="checkbox"/>	Animals and wildlife
<input type="checkbox"/>	BBQ using gas bottles
<input type="checkbox"/>	Children under the age of 18 are part of the event or attending
<input type="checkbox"/>	Hit by a vehicle (e.g. moving cars in proximity to pedestrians)
<input type="checkbox"/>	Held in a remote area, difficult to access site)

Event Specific	
<input type="checkbox"/>	Crowding
<input type="checkbox"/>	Communication problems/co-ordination of information/alerts
<input type="checkbox"/>	Fatigue e.g. duration of the event, extreme heat
<input type="checkbox"/>	Liquor license
<input type="checkbox"/>	Medical emergency, difficult to administer or obtain first aid gain assistance e.g. access to medical facilities
<input type="checkbox"/>	Scaffolding more than 4m in height
<input type="checkbox"/>	Food services and preparation
<input type="checkbox"/>	High risk work licence required in accordance with WHS Regs

High Risk Travel	
<input type="checkbox"/>	Risk of kidnapping in this city/region
<input type="checkbox"/>	Current civil unrest/political tension
<input type="checkbox"/>	Violent crime
<input type="checkbox"/>	Threat of attack from bordering nations
<input type="checkbox"/>	Region affected by natural disaster
<input type="checkbox"/>	Threat of regional disputes spreading
<input type="checkbox"/>	Heightened risk terrorist attacks can occur
<input type="checkbox"/>	Health risks from insect borne disease
<input type="checkbox"/>	Health risks from water borne disease
<input type="checkbox"/>	Health risks from other infectious disease in the destination countries
<input type="checkbox"/>	Threat of assault and sexual assault in foreign countries
<input type="checkbox"/>	Travel by some roads restricted due to risks
<input type="checkbox"/>	Risk of violence or discrimination based on gender or LGBTI identity
<input type="checkbox"/>	Unpredictable and potentially volatile security situation
<input type="checkbox"/>	Other (<i>not listed above</i>)

Working Away from Campus	
<input type="checkbox"/>	Lack of appropriate communication tools/aid
<input type="checkbox"/>	Lack of tracking to know where the person is
<input type="checkbox"/>	Remote or isolated work locations

Working Away from Campus	
<input type="checkbox"/>	Use of poorly maintained vehicles or use of personal vehicles
<input type="checkbox"/>	Wildlife or animals
<input type="checkbox"/>	Traffic accidents while going to or from Campus
<input type="checkbox"/>	Duress situations including being threatened by the public
<input type="checkbox"/>	Poorly set-up/resourced offsite workspace
<input type="checkbox"/>	Social isolation and lack of day to day support
<input type="checkbox"/>	Loss of usual health/self-care routines such as exercise and sleep
<input type="checkbox"/>	Other (<i>not listed above</i>)

Psychosocial	
<input type="checkbox"/>	Environmental – Workplace not compliant with WHS requirements
<input type="checkbox"/>	Environmental – Poor air quality, high levels of noise, extreme temperatures
<input type="checkbox"/>	Environmental – Lack of WHS consideration for unsafe plant
<input type="checkbox"/>	Environmental – Other: please list
<input type="checkbox"/>	Organisational – High job demand, long working hours
<input type="checkbox"/>	Organisational – High workloads, time pressure, fast work pace
<input checked="" type="checkbox"/>	Organisational – High emotional effort responding to distressing situations and to aggressive colleagues or students
<input type="checkbox"/>	Organisational – Direct exposure to traumatic events at work
<input type="checkbox"/>	Organisational – Indirect exposure to traumatic events at work
<input type="checkbox"/>	Organisational – Shift work, casual employment, afterhours work, fatigue management
<input type="checkbox"/>	Organisational – Frequently working in unpleasant conditions
<input type="checkbox"/>	Organisational – Low job demands, too little to do, monotonous tasks
<input type="checkbox"/>	Organisational – Low job control

Psychosocial	
<input type="checkbox"/>	Organisational – Poor support, including emotional support, from employer, colleagues and managers
<input type="checkbox"/>	Organisational – Workplace bullying, aggression, harassment and sexual harassment, discrimination etc
<input type="checkbox"/>	Organisational – Poor relationship between supervisors/line managers and staff or HDR students or other workers
<input type="checkbox"/>	Organisational – Poor relationship between supervisors/line managers and staff or HDR students or other workers
<input type="checkbox"/>	Organisational – workplace conflicts
<input type="checkbox"/>	Organisational – Perceived or actual lack of fairness, equity and diversity; discrimination against community groups or members (e.g. LGBTQI)
<input type="checkbox"/>	Organisational – Low role clarity; uncertainty about changes or frequent changes to tasks and work standards; conflicting job roles
<input type="checkbox"/>	Organisational – Poor organisational change management; poor consultation in change management
<input type="checkbox"/>	Organisational – Low recognition and reward; low recognition in high WHS performance
<input type="checkbox"/>	Organisational – Poor organisational justice; inconsistent application of policy and procedures; bias on resource allocation
<input type="checkbox"/>	Organisational – No standardised WHS management practices across the University
<input type="checkbox"/>	Organisational – Frequent remote and/or isolated work
<input type="checkbox"/>	Organisational – Violent events such as robbery, assault, being threatened by managers, colleagues or managers
<input checked="" type="checkbox"/>	Individual – innate susceptibility to stress; disabled worker; pre-existing mental and/or physical conditions; age and experience of worker, external stressors eg carer responsibilities, financial situation, relationship status.
<input type="checkbox"/>	Teaching – SELT Aggression or abuse towards teaching staff from students
<input type="checkbox"/>	Other (<i>not listed above</i>)

Other Hazard Profiles not listed above	
<input type="checkbox"/>	Please identify in the Hazard Profile here and hazards in the form below

<input type="checkbox"/>	No hazards are identified. No Risk Assessment is required.
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Work Health and Safety Management System (WHSMS) Handbook

Risk Assessment							
Hazards Also list where and when can the hazards present?	Inherent Risk			Control Measures When control a hazard, always follow Hierarchy of Control Principle to go to the highest possible control before moving to less effective controls (see Table 4). List the control category and the controls below. Do the same for all other hazards. For any controls that are not in place, fill in the Actions table on the next page.	Residual Risk		
	Likelihood	Consequence	Risk rating		Likelihood	Consequence	Risk rating



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<p>COVID-19 virus – infection</p>	<p>Likely</p>	<p>Major</p>	<p>Extreme (20)</p>	<p>Elimination</p> <ul style="list-style-type: none"> • Individuals (staff/students) with COVID symptoms are not to be on campus • Individuals – possible close or causal contact are not allowed on campus • No sharing of equipment • No shared time indoor spaces <p>Substitution</p> <ul style="list-style-type: none"> • Working remotely • Staff regularly encouraged to take essential IT items home everyday during pandemic <p>Isolation</p> <ul style="list-style-type: none"> • Maintain physical distancing • Face to face contact is limited providing physical distancing is maintained. <p>Engineering</p> <ul style="list-style-type: none"> • Use of hand sanitizer, available on entry to building <p>Administration</p> <ul style="list-style-type: none"> • Limited number of individuals on site • Use of the Check in CBR QR codes, when entering the building • Regular cleaning of high touch surfaces with disinfectant • Weekly COVID Inspection conducted • A register of all approved essential staff and services will be maintained and available to the COVID Response Office, who will inform ACT Health of the required essential staff if the Campus Alert System is elevated to High or Extreme risk. • Staff completed the COVID Infection Control training <p>PPE</p> <ul style="list-style-type: none"> • Mask - P2 or surgical 	<p>Unlikely</p>	<p>Major</p>	<p>High (17)</p>
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Work Health and Safety Management System (WHSMS) Handbook

Risk Assessment							
Hazards Also list where and when can the hazards present?	Inherent Risk			Control Measures When control a hazard, always follow Hierarchy of Control Principle to go to the highest possible control before moving to less effective controls (see Table 4). List the control category and the controls below. Do the same for all other hazards. For any controls that are not in place, fill in the Actions table on the next page.	Residual Risk		
	Likelihood	Consequence	Risk rating		Likelihood	Consequence	Risk rating
Psychosocial – stress to individual who is assisting the requestor to access site	Possible	Moderate	High (16)	Elimination <ul style="list-style-type: none"> Activity is deemed essential (screening process undertaken), for it to proceed. Administration <ul style="list-style-type: none"> Activity is voluntary Staff awareness of the ANU Support services Welfare checks 	Rare	Moderate	Low (5)

Actions			
The activity must not be commenced until all controls are in place.			
List below which controls are currently not in place, who will implement them and by when. Add additional rows as needed.			
List of Controls not in place	Who is to implement them?	Timeframe	Date Completed
Instructions for the requestor	GM, PSO, School Managers and ST Manager (SOEN)		
Weekly COVID inspections	Approved Essential Workers listed in Business Continuity Plans		



If the level of residual risk is assessed as high or extreme,

1. Stop the activity immediately; AND
2. Tag out the plant/equipment; and/or
3. Secure any chemical; and
4. Implement, or seek advice from WHS Officer or Subject Matter Experts to implement, additional controls to reduce the residual risk further to medium [Supervisor signature required];
5. If the above is absolutely not possible, seek approval from relevant authority (High – School/Division Director/College Dean; Extreme – COO).

NOTE: Approval will only be granted in exceptional circumstances after consultation with Associate Director, WEG and/or a Subject Matter Expert. See Chapter 3.1 for details.

Approval required					
Worker conducted RA			Student conducted RA		
Residual Risk Level	Authority required	Signature and date	Residual Risk Level	Authority required	Signature and date
Low	Author of RA	<u>NA</u>	Low	Supervisor	<u>NA</u>
Medium	Supervisor	<u>NA</u>	Medium	Supervisor	<u>NA</u>
High	School/Service Division Director	<u>Due to ANU COVID Guideline requirement</u>	High	School/Service Division Director	<u>NA</u>
	College Dean			College Dean	
Extreme	COO		Extreme	COO	<u>NA</u>



Table 2.1 Likelihood Table

Ranking	Description	Probability or frequency of event happening
Almost certain	The hazard is expected to lead to an event in most circumstances at the University	A daily to monthly occurrence
Likely	The hazard could lead to an event in most circumstances at the University	Between monthly to yearly occurrence
Possible	The hazard has led to an event at some time at the University	Occurs once between 1 to 5 years
Unlikely	The hazard could lead to an event at some time	Occurs once between 5 to 20 years
Rare	The hazard may lead to an event in exceptional circumstances	Occurs once between 20+ years

Table 2.2 Consequences Table

Ranking	Injury, Illness or Disease	Plant, Equipment and materials	Environment
Catastrophic	Fatality / fatalities or permanent disability. Permanently unable to work	Destroyed or cannot be reused	Long term permanent effect to ecosystems. Significant intervention required to remediate
Major	Requiring extensive medical treatment such as hospitalisation as in patient and possibly a Notifiable Incident LTI >1 week	Damage requiring repairs/rebuild and possible recertification prior to reuse, lost use for one or more days	Notification to environmental agency, ecosystem will need time to recover, intervention required to remediate
Moderate	Minor medical treatment injury, such as treated by a health professional, hospital outpatient, no potential to be a Notifiable Incident LTI < 1 week and can return to normal duties	Damage requiring a repair/service by a trade/technician within the day	Contamination event that does not impact on ecosystem. Short impact does not need intervention
Minor	Injury needing significant first aid treatment and can return to work within shift	Equipment able to be reset or gotten back into operation by the operator	Minor contained contamination ceasing when the short event is over, can remediate (e.g. spill kit)
Insignificant	Report only, no injury OR minor first aid (e.g. bandaid); short-term discomfort	Report only, no damage	Report only, no contamination



Table 3 ANU WHS Risk Matrix

	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Medium (10)	High (14)	Extreme (21)	Extreme (22)	Extreme (25)
Likely	Medium (7)	High (13)	High (16)	Extreme (20)	Extreme (24)
Possible	Low (4)	Medium (9)	High (15)	High (18)	Extreme (23)
Unlikely	Low (2)	Medium (6)	Medium (8)	High (17)	High (19)
Rare	Low (1)	Low (3)	Low (5)	Medium(11)	Medium (12)

Table 4. Hierarchy of Control

Level	Examples	Effectiveness
Elimination	<ul style="list-style-type: none"> Remove the hazards completely Cease the activity Dispose of unwanted hazardous chemicals or plant etc 	<p style="text-align: center;">Most Effective</p> <p style="text-align: center;">Least Effective</p>
Substitution	<ul style="list-style-type: none"> Use less hazardous chemicals Use safer plant equipment Use handset instead of telephone Move smaller weight loads instead of large weight 	
Isolation	<ul style="list-style-type: none"> Physical separation from the hazard by distance or complete shielding Install guard rails around edges and holes to floors Move workers to a new room away from hazardous noise 	
Engineering Control	<ul style="list-style-type: none"> Use ventilation system Use fume cupboard when working with hazardous chemicals Install guarding around rotating and crushing parts Use trolley or hoist to lift heavy loads Use duress alarm system while doing home interview or offsite field work 	
Administrative Control	<ul style="list-style-type: none"> Use Safe Work Procedures [See section 3.1.3.1] or instructions Induction and WHS information Training [See Handbook Chapter 3.2] Contingency Planning and Testing [See section 3.1.3.2] Permit to Work system [See section 3.1.3.3] Signage 	
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Lab coat Safety glasses/face shield Gloves/cryogenic gloves Respirators/Masks Personal hearing protectors 	



Table 5 Risk Assessment and SWP review timeframe

Use this Table to determine risk assessment and safe work procedure review timeframe and frequency and put in the front of the risk assessment.

Residual Risk	Review Frequency		What to do during the review.
Extreme	6 monthly	And/or	Stop work. Review the control measures and introduce additional control measures to reduce the residual risk to Medium as a maximum.
High	Annually	After an incident where deficiencies in identifying or controlling hazards have been observed	
Medium	Two yearly	When changes to the activity need to occur	Stop work. Review the control measures and introduce additional control measures to reduce the residual risk to Medium as a maximum.
Low	Three yearly	When significant changes (e.g. renovation) to the workplace need to occur	Review the control measures.
		When HSRs request a review	Review the control measures.