|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site / Area: |       | Date of Assessment |       | Risk Assessment # | 091RA |
| Completed by (name) |       | Signature |      Template only MUST modify to site conditions |
| In Consultation with: |       | Signature |       |
| Identify / describe activity, equipment, area or event you are assessing: | Office Administration / Reception |
| Authorised by: |       | Signature: |       | Date: |       |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards?What could happen? | **Step 2: Assess the potential risks:**What do you believe are the risks?How could this happen? | **Step 3: Reducing the risk:**What do you believe can be done to reduce the risk?Controls |
| **Hazardous Manual Task*** Sustained or awkward postures
* Repetitive movement
* Unsuitable furniture & equipment
* Stacking / storage
* Fatigue
* Pushing Pulling of equipment
 | * Incorrect lifting, pushing, pulling, holding & restraining
* Sprains & strains
* Overuse syndrome
* Workstation incorrectly set up
 | * Effective breaks and task rotation.
* Trolleys / sack trucks available
* Ergonomic workstation setups
* Workstation exercises
 |
| **Psychological*** Violence
* Security
* Excessive time pressure
* Stress
 | * Aggression from clients / visitors
* Incorrect money handling
* Fatigue
* Working out of hours
* Working long hours
* Loss of equipment / information
 | * Employee assistance programs (EAP)
* Mental Health First Aiders
* Administrative controls – procedures
* Rest Breaks
* Concealed duress alarm
* Placement of items that can be used as weapons out of reach of third parties
* Code of Conduct
* Security Camera & alarms as required
* Office locked when non one present onsite.
* Keys and security code for access
* ID Passes
* Rosters in place
* Contract / Position descriptions.
 |
| **Gravity*** Wet floors
* Inappropriate footwear
* Extension cord chains
* Inadequate lighting
* Inadequate housekeeping
* Inadequate storage facilities.
 | * Slip, trip, fall
* Concussion
* Fracture
* Bruise
 | * Hazard reporting
* Wet floor signs
* Appropriate footwear
* Workplace Inspections
* Emergency lighting
* Dedicated storage areas
* Mop / bucket available
 |
| **Electricity*** Frayed / loose cords
* Faulty appliances
* Extension cord chains
* Equipment not maintained
 | * Electric shock
* Electrocution
* Slip, Trip, Falls
 | * Visual inspection of portable equipment to ensure no nicks in cord. If damaged, removed from use.
* Residual current devices (RCD’s)
* Equipment tested & tagged
* Minimal use of extension cords
* Cord covers used where required
* Workplace Inspections
* Equipment Maintenance Schedule
* Lock out / tag out system in use
 |
| **Biological*** Pandemics
* Bacteria
* Disease Outbreak
* Vermin / Insect bites
 | * Allergies
* Death
* Illness
* Infection
 | * Immunisations
* Social distancing
* Hand sanitisers
* Personal Protective Equipment (PPE)
* Hand Hygiene Training
* Staying home if not feeling well
* Cleaning schedules
* Vermin traps / baits as required.
 |
| **Hazardous Chemicals*** Exposure to chemicals through cleaning / spillage
 | * Irritation
* Dermatitis
* Chemical Spill
 | * Safety Data Sheets (SDS) available
* Personal Protective Equipment (PPE) available
* Spill Kits
 |
| **Other – Emergencies*** Not having an emergency plan
* Emergency equipment not maintained
 | * Fire
* Various Emergencies ( i.e. medical, security)
 | * Emergency Plan in place
* Emergency Evacuation Drills
* Emergency Plan
* Maintenance schedule for emergency equipment
* Fire Equipment
 |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** |
| **Step 4: Monitor & Review:** |
| Were the controls effective? | Were there any unforeseen hazards / incidents? | New controls |
| Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |
|  |  |  |