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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |
|  | | | |  | | | |  | |