

**Equipment description & Location:**

- Use:**
- A** Must be operated by Baptist Camping Victoria qualified staff
  - B** In house training at Baptist Camping Victoria required before using this equipment
  - C** Safe operating procedures must be read and adhered to by all users of this equipment
  - D** Does not apply

**Use rating: D**

(see guide opposite)



	Initial Matrix Level	Comments (when and where hazard is present)	Control Description (Current & proposed)	Revised Matrix Level
<b>Activity/Task Hazard Identification</b>				
Is there potential for? <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Being cut or stabbed</li> <li><input checked="" type="checkbox"/> Struck, crushed or entangled</li> <li><input type="checkbox"/> Electric Shock</li> <li><input checked="" type="checkbox"/> Manual Handling/ergonomics</li> <li><input type="checkbox"/> Infectious agents or materials</li> <li><input checked="" type="checkbox"/> Slip, trip, fall</li> <li><input type="checkbox"/> Vibration</li> <li><input type="checkbox"/> Other factors – specify: _____</li> </ul>	M M  M M	Sharp Edges on Bags Drop Load  Strain from lifting in strange positions  Falling on objects, trip out of Bus	Check bags before lifting for sharp edges stay clear of sharp edges; carry one bag at a time, use gloves. Ensure correct lifting techniques, don't over lift – only carry short distances   Ensure areas are safer from hazard	L L  L L
<b>Workplace Conditions Hazard Identification</b>				
Is there potential for? <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Extremes of temperature</li> <li><input type="checkbox"/> High wind or humidity</li> <li><input type="checkbox"/> Inadequate light</li> <li><input type="checkbox"/> Dust, fumes or vapours</li> <li><input checked="" type="checkbox"/> Exposure to UV or other radiation</li> <li><input checked="" type="checkbox"/> Emergency situations</li> <li><input type="checkbox"/> Other factors – specify: _____</li> </ul>	L  L M	Exposure to elements  Sunburn Snakes, spiders, ants, bees	Wear appropriate clothing  Slip, slop, slap Reduction by instruction. No touch. First aid management available for bites. Have a list of allergies of participants	L  L L
<b>Environmental Aspects Hazard Identification</b>				
Is there potential for? <ul style="list-style-type: none"> <li><input type="checkbox"/> Energy consumption</li> <li><input type="checkbox"/> Nuisance noise</li> <li><input type="checkbox"/> Dust</li> <li><input type="checkbox"/> Water consumption</li> <li><input type="checkbox"/> Hazardous waste</li> <li><input type="checkbox"/> Hazardous emissions</li> <li><input type="checkbox"/> Other factors – specify: _____</li> </ul>				

Comments/controls yet to happen: \_\_\_\_\_

Is there past experience with the activity/task that may assist in the assessment? (i.e. existing controls not listed above, incident investigations, legislation & industry standards) \_\_\_\_\_

Assessor:		Position:		Date:	Signature:
Approved:		Position:		Date:	Signature:

**If regular maintenance provided and controls are constant the above risk assessment and action strategy may be checked annually and signed off below:**

Assessor:		Position:		Date:	Signature:
Approved:		Position:		Date:	Signature:
Assessor:		Position:		Date:	Signature:
Approved:		Position:		Date:	Signature:
Assessor:		Position:		Date:	Signature:
Approved:		Position:		Date:	Signature:
Assessor:		Position:		Date:	Signature:
Approved:		Position:		Date:	Signature:
Assessor:		Position:		Date:	Signature:
Approved:		Position:		Date:	Signature: