

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:

(see guide opposite)



	Initial Matrix Level	Comments (when and where hazard is present)	Control Description (Current & proposed)	Revised Matrix Level
Activity/Task Hazard Identification				
Is there potential for? <ul style="list-style-type: none"> ○ Being cut or stabbed ○ Struck, crushed or entangled ○ Electric Shock ○ Manual Handling/ergonomics ○ Infectious agents or materials ○ Slip, trip, fall ○ Vibration ○ Other factors – specify: _____ 				
Workplace Conditions Hazard Identification				
Is there potential for? <ul style="list-style-type: none"> ○ Extremes of temperature ○ High wind or humidity ○ Inadequate light ○ Dust, fumes or vapours ○ Exposure to UV or other radiation ○ Emergency situations ○ Other factors – specify: _____ 				
Environmental Aspects Hazard Identification				
Is there potential for? <ul style="list-style-type: none"> ○ Energy consumption ○ Nuisance noise ○ Dust ○ Water consumption ○ Hazardous waste ○ Hazardous emissions ○ Other factors – specify: _____ 				

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: