

Site description & Location: _____ Games – night time _____

- 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: C

(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?				
<input checked="" type="checkbox"/> Being cut or stabbed	L	Falling over, someone throwing something, running into each other, tripping. Carrying equipment.	Check area before hand, provide proper supervision instruction, avoid areas that may present a hazard (i.e. mud). Be aware of others when carrying equipment, ask for help if too big or heavy.	L
<input type="checkbox"/> Struck, crushed or entangled	M			L
<input type="checkbox"/> Electric Shock	M			L
<input checked="" type="checkbox"/> Manual Handling/ergonomics				
<input type="checkbox"/> Infectious agents or materials				
<input checked="" type="checkbox"/> Slip, trip, fall				
<input type="checkbox"/> Other factors – specify: _____				
Workplace Conditions Hazard Identification				
Is there potential for?				
<input checked="" type="checkbox"/> Extremes of temperature	M	Exposure to elements	Wear appropriate clothing Provide adequate light, provide proper supervision instruction	L
<input type="checkbox"/> High wind or humidity	H	Inadequate light		L
<input checked="" type="checkbox"/> Inadequate light			Slip, slop, slap	L
<input type="checkbox"/> Dust, fumes or vapours	L	Sunburn		L
<input checked="" type="checkbox"/> Exposure to UV or other radiation			Reduction by instruction, no touch, first aid management for bites available	L
<input type="checkbox"/> Emergency situations	M	Snakes, spiders, ants, bees		L
<input checked="" type="checkbox"/> Other factors – specify: ___Flora & Fauna___				
Environmental Aspects Hazard Identification				
Is there potential for?				
<input type="checkbox"/> Energy consumption				
<input type="checkbox"/> Nuisance noise				
<input type="checkbox"/> Dust				
<input type="checkbox"/> Water consumption				
<input type="checkbox"/> Hazardous waste				
<input type="checkbox"/> Hazardous emissions				
<input type="checkbox"/> Other factors – specify: _____				

Comments/controls yet to happen: _____