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| Ra No. | Assessment Date: | Review Date: | Authorised by: |

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| **STEP 1 – ENTER INFORMATION ABOUT THE ACTIVITY/TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT** |
| **Congregation name / Location:** | **Assessed by:** | **Health and Safety Representative (HSR):** |
| **Risk Assessment for** *(event/activity/task/equipment/plant etc.)* |
| **Is there a past experience with the activity/task/equipment/plant that may assist in the assessment?** |  |
| * Existing controls
* Industry standards
* Training
 | * SOPs
* Incidents and near misses
* Incident Investigation
 | * Legislation and codes
* Guidance material
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| **STEP 2 – RISK RATING – RISK MATRIX AND DEFINITIONS** |

The Risk Matrix provides a **guide** to assist in objectively assessing the risk potential and subsequent Control Measures to be put in place to adequately manage the risk.

It is suggested that the use of this risk matrix is undertaken by at least 2 persons and the resultant risk ratings are based on the **current control measures you have put in place.**

**Risk Rating Matrix (For Safety and Environment)**

 **1st** What is the **most probable** consequence of **the unwanted event, incident or circumstance occurring?**

 **2nd** What is the **realistic** likelihood of **the unwanted event, incident or circumstance occurring?**

 **3rd** Use the Matrix below to see where the criteria from the Consequence and the Likelihood tables intersect

**Risk Rating Matrix and Definitions**

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| **Consequence** |
| **Likelihood** |  | **1 - Insignificant**  | **2 - Minor**  | **3 - Moderate**  | **4 - Major**  | **5 - Severe**  |
| **A -Almost certain**  | **Medium** | **High** | **High** | **Extreme** | **Extreme** |
| **B - Likely**  | **Medium** | **Medium** | **High** | **Extreme** | **Extreme** |
| **C - Possible**  | **Low** | **Medium** | **Medium** | **High** | **Extreme** |
| **D - Unlikely**  | **Low** | **Low** | **Medium** | **High** | **High** |
| **E - Rare**  | **Low** | **Low** | **Low** | **Medium** | **High** |

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| **Likelihood** |
|  **Descriptor** | **Level** | **Definition** |
| **Almost certain** | **A** | Will occur in most circumstances (greater than 90% chance of occurring) |
| **Likely** | **B** | Will probably occur in most circumstances ( 51 to 90% chance of occurring) |
| **Possible** | **C** | Might occur at some time (21 to 50% chance of occurring) |
| **Unlikely** | **D** | Could occur at some time (1 –to 20 % chance of occurring) |
| **Rare** | **E** | May happen only in exceptional circumstances when the activity is undertaken (less than 1% chance of occurring) |
| **Consequence** |
| **Descriptor** | **Level** | **Definition** |
| **Severe** | **5** | Fatality or permanent disability |
| **Major** | **4** | Lost time injury or illness |
| **Moderate** | **3** | Medical treatment injury or illness |
| **Minor** | **2** | First Aid injury or illness |
| **Insignificant** | **1** | Injury or illness not needing First Aid |

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| **Descriptor** | **Risk acceptance guide** | **Action** |
| **Extreme** | Not acceptable | Notify Church Contact Person / Synod Manager, Synod Safety Team and Risk and Insurance Services immediately. Corrective actions should be taken immediately. Cease or isolate source of risk. |
| **High** | Generally (in most circumstances) not acceptable | Notify Church Contact Person / Synod Manager, Synod Safety Team and Risk and Insurance Services immediately. Corrective actions should be taken within 48 hours of notification. |
| **Medium** | Generally (in most circumstances) acceptable | Notify Church Contact Person in Congregation and/or HSR. Contact Person and/or HSR to follow up that corrective action is taken within 7 days. |
| **Low** | Acceptable | Notify Church Contact Person in Congregation and/or HSR. Contact Person and/or HSR to follow up that corrective action is taken within a reasonable time. |

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| **STEP 3 – IDENTIFY HAZARDS AND ASSOCIATED RISK SCORES AND CONTROLS** |
| For each of the following prompts:* **Review the prompts/examples** for each hazard that may potentially exist for the activity/task;
* Determine and record **inherent risk score** using the risk matrix;
* In the **comments** box, describe when and where the hazard is present;
* Specify the risk **control type**, for each current or proposed risk control;
* Provide a **control description** for each current or proposed risk control;
* Where **proposed risk control(s)** have been identified and complete the **corrective action plan** at the end of this document;
* Determine the **residual risk score** using the risk matrix
 | **Hierarchy of control (Type) – from most effective to least effective:****Elimination** – physically remove the hazard **Most Effective****Substitution** – replace the hazard**Engineering Controls** – isolate people from the hazard**Administrative Controls** – change the way people work**PPE** – protect the people with personal protective equipment **Least Effective** |

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| **Task / Category** | **Hazards and risks** | **Inherent Risk** **Score**(before risk controls are applied) | **Comments / Risk control / Control description** | **Residual Risk Score**(after risk controls are applied) |
| **L** | **C** | **RS** | **L** | **C** | **RS** |
| *EXAMPLE: Entry / exit the building via heavy wooden door.*  | *Bottom of door drags on floor, requires effort to open and close. Potential for injury – muscle strain: employees, members of the public.*  | *C* | *2* | *M* | *Eliminate the hazard: Maintenance contractor to inspect door and repair.* *Inspection of door added to annual building inspection schedule.* *Issue reminder about reporting hazards when first observed.*  | *D* | *2* | *L* |
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| **Task / Category** | **Hazards and risks** | **Inherent Risk** **Score**(before risk controls are applied) | **Risk control** | **Residual Risk Score**(after risk controls are applied) |
| **L** | **C** | **RS** | **L** | **C** | **RS** |
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| **Task / Category** | **Hazards and risks** | **Inherent Risk** **Score**(before risk controls are applied) | **Risk control** | **Residual Risk Score**(after risk controls are applied) |
| **L** | **C** | **RS** | **L** | **C** | **RS** |
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| **STEP 4 – IMPLEMENTATION AND CONSULTATION PROCESS** |
| Determine the person responsible for reviewing and implementing the risk assessment including the identified controls. Ensure the **corrective action plan** at the end of this document has been completed, reviewed and signed off where proposed controls have been identified.Obtain the authorisation of the Contact Person / Congregation Leader. Ensure the HSR (if applicable) has been consulted. Ensure the workers undertaking the activity have been consulted.**Record below the names of the persons consulted.** |
| **Contact Person / Congregation Leader** |  | **Health and Safety Representative (HSR)** |  |
| **Worker(s)** |  | **Worker(s)** |  |
| **Worker(s)** |  | **Worker(s)** |  |
| **Person responsible for implementation or escalation** |  |

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| **Extra writing room – use this page to enter extended comments or descriptions** |
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| **Corrective Action Required**  | **Who** | **Target Date** | **Date Completed** |
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 Corrective actions have been assigned and communicated to the persons responsible. Completion of items should be notified to:

Signed: Date: