**HS Risk Management Form - HS017**

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| Refer: Risk Management Procedure HS329 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Faculty/Division Responsible: | | | | School/Unit: | | Location: | |
| RMF Number: | | Original Publish date: | Published version: | | Approval date: | | Current Expiry date: |
| **RMF Title** |  | | | | | | |
| **Detailed Description** |  | | | | | | |

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| --- | --- | --- | --- |
| Original Author: |  | Signature: | Date: |
| Responsible Supervisor: |  | Signature: | Date: |

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| **Persons at Risk** | **Related Legislation/Standards/Codes of Practice and other related documents** |
| * Workers * Students * Visitors * Contractors * Other: | **NSW:** Work Health and Safety Regulation 2017; Work Health and Safety Act 2011.  **ACT:** Work Health and Safety Regulation 2011; Work Health and Safety Act 2011. |

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| **WHS Consultation and Communication** | |
| Summary: | Description: |
| **Related UNSW Documents** | |
|  | |

| **Identify hazards and control the risks** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Associated harm** | **Existing controls** | | **Additional controls required to be implemented** | | **Risk Rating** | | |
| **Hierarchy of controls** |  | **Hierarchy of controls** |  | **Likelihood** | **Consequence** | **Risk** |
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| **Emergency procedures and controls**  **List emergency controls for how to deal with fires, spills, or exposure to hazardous substances and/or emergency shutdown procedures specific to this activity.** |
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| **REVIEW**  **Answer the below questions to determine when risk management processes must be reviewed.** | | | |
| **Scheduled review date:**  *Minimum timeframes for review:*  *High Risk: Yearly.*  *Low-medium risk: Every three years.* |  |  |  |
| *Are all control measures working effectively/eliminating or minimizing the risks as far as reasonably practicable?* |  |  |  |
| *Is there a change in the workplace that can impact on the controls?* |  |  |  |
| *Is there is a new hazard or risk identified?* |  |  |  |
| *Do workers indicate a review?* |  |  |  |
| *Has a health and safety representative/advisor requested a review?* |  |  |  |
| *Has a significant injury occurred?* |  |  |  |
| *Has new information on a hazard become available?* |  |  |  |
| *Has there been a change in relevant legislation, standards, codes of practice, agreements, guidelines, or procedures?* |  |  |  |
| **Review by (name):** |  |  |  |
| **Review date:** |  |  |  |

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| **I have read and understand this Risk Management Form:** | | | |
|  | | | |
| **Name** | **zID:** | **Signature** | **Date** |
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A close-up of a risk assessment matrix

AI-generated content may be incorrect.