

PROJECT RISK ASSESSMENT FORM

Group: _____

Project Location: _____

Project Date: _____

Project Manager: _____

Pre-existing medical conditions checked? Yes No

Volunteer induction provided? Yes No

Tasks to be undertaken	Hazardous characteristics of site and activities
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •

Risks to third Parties/General Public

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RISK IDENTIFIED: *Muscle strain - overuse or overexertion from manual handling.*

<p>Controls</p> <ul style="list-style-type: none"> • Warm up stretches • Use mechanical aids • Share loads • Check load weight 	<ul style="list-style-type: none"> • Ensure clear path • Rotate tasks • Use correct techniques <p>Date: _____ Risk Rating: _____</p>
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RISK IDENTIFIED:

<p>Controls</p> <ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • <p>Date: _____ Risk Rating: _____</p>
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RISK IDENTIFIED:

<p>Controls</p> <ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • <p>Date: _____ Risk Rating: _____</p>
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RISK IDENTIFIED:**Controls**

<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
	Date: _____ Risk Rating: _____

RISK IDENTIFIED:**Controls**

<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
	Date: _____ Risk Rating: _____

RISK IDENTIFIED:**Controls**

<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
	Date: _____ Risk Rating: _____

RISK IDENTIFIED:**Controls**

<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
	Date: _____ Risk Rating: _____

Risk Rating – see page 41 of ISH Toolkit

Likelihood		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Highly unlikely	L	L	L	M	H	H
Unlikely	L	M	M	H	H	H
Quite possible	L	M	H	H	E	E
Likely	M	H	H	E	E	E
Almost certain	M	H	E	E	E	E

Project Location Reference points for emergency services:

(e.g. 200m west from the intersection of Smith Road and Jones Lane)

Date/dates at this location:

/ /
to / /

Emergency Contacts: '000' OR '112' for mobile phones

Local numbers	Police: _____	Fire: _____	Ambulance: _____
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PROJECT MANAGER (please print): _____

SIGNATURE _____

DATE: / /