# Risk Assessment form

## Landcare takes safety very seriously and seeks to mitigate risks wherever possible.

This document is to be completed on-site before commencing the activity.

**Activity: Date:**

**Participants:**

**Overseen by: Date:**

| **Hazard Identification**Will you be exposed to any of these hazards today? | **Have these hazards been assessed for risk?**Are these hazards controlled well enough? | **Risk Control**List the extra controls you need to make to work today safe. Use over the page if more room is required | **Who is responsible?**For ensuring controls are implemented | **When**Controls to be implemented |
| --- | --- | --- | --- | --- |
| **Yes** | **No** |
| **Covid19 Infection**General HygieneCheck-ins/contact tracingVaccine checks/ rules.Attendee Symptoms. |  |  | Mask wearing for over 12’s. Social distancing (1.5m). Hand sanitation. Minimise movement.Ensure check-ins and/or registrations completed and retain for 28 days.Undertake vaccination checks.Have a process to send anyone home or isolate them if they show symptoms.Complete Covid Safe event checklist online if not covered by an organisational CovidSafe Plan. |  | Lead Up: Ensure only healthy and vaccinated people attend.Beforehand: ensure meeting area sanitised and hygiene materials on-hand. Signage.Event Admission: Ensure check-in/ registration protocols met.Event Introduction: Present/broadcast ‘Covid safe rules’ and housekeeping.During event: Ensure hygiene practices met. |
| **Manual Handling** (ie, lifting, pushing, pulling, holding, throwing, carrying & repetitive work) |  |  |  |  |  |
| **Plant & Equipment** Hazardous substance / Dangerous Goods / Asbestos |  |  |  |  |  |
| **Loud or excessive noise** |  |  |  |  |  |
| **Potential to fall from height** |  |  |  |  |  |
| **Animals / Infectious Diseases** |  |  |  |  |  |
| **Electrical Wires** Overhead / Underground |  |  |  |  |  |
| **High Pressure Equipment** Fluid/ Air / Gas |  |  |  |  |  |
| **Slips / Trips / Falls** |  |  |  |  |  |
| **Contractors / General Public** |  |  |  |  |  |
| **Traffic Conditions / Traffic Management** |  |  |  |  |  |
| **Extreme Weather Conditions** Heat / Cold / Storms |  |  |  |  |  |
| **Site Conditions**Access / Egress / Terrain / Canopy / Roads |  |  |  |  |  |
| **Exposure to Excessive UV / Sun** |  |  |  |  |  |
| **Communication Issues** |  |  |  |  |  |
| **Welfare of Individuals** Fatigue /Stress / Hydration |  |  |  |  |  |
| **Other** |  |  |  |  |  |

## Can these hazards be appropriately controlled and the activity undertaken safely?

**YES** – proceed with activity

**NO** – what else do we need to do so that we can?

***Doing nothing and hoping that everything will be ok is not an effective approach!***