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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **091RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Office Administration / Reception** | | |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer *Risk Assessment Guideline (015G)*) | | **Step 3: Reducing the risk:** What do you believe can be done to reduce the risk? (Refer *Risk Assessment Guideline (015G)*) | | |
| **What could cause harm?** | | **What could go wrong?** | | **Controls** | | |
| **Hazardous Manual Task**   * Sustained or awkward postures * Repetitive movement * Unsuitable furniture & equipment * Stacking / storage * Fatigue * Pushing Pulling of equipment | | * Incorrect lifting, pushing, pulling, holding & restraining * Sprains & strains * Overuse syndrome * Workstation incorrectly set up | | * Effective breaks and task rotation. * Trolleys / sack trucks available * Ergonomic workstation setups * Workstation exercises | | |
| **Psychological**   * Violence * Security * Excessive time pressure * Stress | | * Aggression from clients / visitors * Incorrect money handling * Fatigue * Working out of hours * Working long hours * Loss of equipment / information | | * Employee assistance programs (EAP) * Mental Health First Aiders * Administrative controls – procedures * Rest Breaks * Concealed duress alarm * Placement of items that can be used as weapons out of reach of third parties * Code of Conduct * Security Camera & alarms as required * Office locked when non one present onsite. * Keys and security code for access * ID Passes * Roasters * Contract / Position descriptions. | | |
| **Gravity**   * Wet floors * Inappropriate footwear * Extension cord chains * Inadequate lighting * Inadequate housekeeping * Inadequate storage facilities. | | * Slip, trip, fall * Concussion * Fracture * Bruise | | * Hazard reporting * Wet floor signs * Appropriate footwear * Workplace Inspections * Emergency lighting * Dedicated storage areas | | |
| **Electricity**   * Frayed / loose cords * Faulty appliances * Extension cord chains * Equipment not maintained | | * Electric shock * Electrocution * Slip, Trip, Falls | | * Residual current devices (RCD’s) * Equipment tested & tagged * Minimal use of extension cords * Workplace Inspections * Equipment Maintenance Schedule | | |
| **Biological**   * Pandemics * Bacteria * Disease Outbreak * Vermin / Insect bites | | * Allergies * Death * Illness * Infection | | * Immunisations * Social distancing * Hand sanitisers * Personal Protective Equipment (PPE) * Hand Hygiene Training * Staying home if not feeling well * Cleaning schedules * Vermin traps / baits as required. | | |
| **Hazardous Chemicals**   * Exposure to chemicals through cleaning / spillage | | * Irritation * Dermatitis * Chemical Spill | | * Safety Data Sheets (SDS) * Personal Protective Equipment (PPE) * Spill Kits | | |
| **Other – Emergencies**   * Not having an emergency plan * Emergency equipment not maintained | | * Fire * Various Emergencies ( i.e. medical, security) | | * Emergency Plan in place * Emergency Evacuation Drills * Emergency Plan * Maintenance schedule for emergency equipment * Fire Equipment | | |

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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |