**Australian Maritime College**



**AMC RISK MANAGEMENT/WHS&E  
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This form applies for tasks/jobs which have **no existing SOP** and **must** be completed before the task/job commences. ***Tick only the boxes as marked where hazards may apply.***

**Task/Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Persons undertaking assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of assessment: \_\_\_\_\_\_\_\_**

**Hierarchy of Controls: 1) Elimination 2) Substitution 3) Engineering 4) Administration 5) PPE**

**Permits Required:** *(Tick appropriate boxes as required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Hot Work |  | Confined Space |  | Working at Heights |
|  | Excavation Work |  | Maintenance Inspection/ Testing |  | Bunkering/Refueling |
|  | High Voltage |  |  |  |  |

□Other: (List)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Licences/Accreditation Required**: *(Tick appropriate boxes as required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Fork Lift Licence |  | Crane/Derrick |  | First Aid |
|  | Elevated Work Platform |  | Dogging/ Rigger |  | Boat Licence |
|  | Working at Heights |  | Scaffolding |  | Coxwains Cert. or higher |
|  | Confined Space |  | Plumbing/Gas works (LPG) |  | Fast Rescue Vessel |
|  | Car, MR/HR Truck |  | Bus/Public Vehicle |  |  |

□Other: (List)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPE Required**: *(Tick appropriate boxes as required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Safety Glasses/Face Shield |  | Overalls/Protective Clothing |  | Hearing Protection |
|  | Gloves |  | Hard Hats |  | Respiratory Equipment |
|  | Fall arrest harness |  | Safety Footwear |  | Personal Floatation Device |
|  | Sun Protection/Sunscreen |  | Laboratory Coat |  |  |

□Other: (List) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazards**: *(Tick appropriate boxes for identified hazards)*

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| --- | --- | --- | --- | --- | --- |
|  | Working at Heights |  | Confined Space |  | Fumes |
|  | Stored Energy |  | Sharp Cutting Edges |  | Noise |
|  | Mobile Plant |  | Slippery Surfaces |  | Hazardous substances |
|  | Pinch Points |  | Isolation |  | Manual handling |
|  | Falls/overhead work |  | Lighting |  | Non skilled/trained personnel |
|  | High Voltage |  | High Speed |  | Communication equipment |
|  | Fire protection/prevention |  | Tripping Hazard |  | Repetitive actions required |
|  | Fuels i.e. Diesel/Petrol |  | Concealed services- air/water/oil/electrical wiring |  | High pressure- oil/steam/water/air |
|  | Gases i.e. acetylene/oxygen |  | Bites & Stings |  | Person overboard |
|  | Hypo/Hyperthermia |  | Laser Equipment |  | Fatigue |

□ Other: (List) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Flammable or combustible substances present (List) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Safety Analysis Worksheet**

***Persons who identify hazards must ensure that all personnel undertaking tasks are advised of the hazards prior to work commencing. This form MUST be completed before any work commence and is to be retained in the relevant work area with copies available for use, inspection or audit at any time.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Job/Task Steps** | **Hazard Identified** | **Hazard Rating** | **Hazard Control Required** | **Action Assigned To** | **Estimated**  **Completion**  **Date** | **Actual**  **Completion**  **Date** | **Revised Hazard Rating** |
|  |  |  |  |  |  |  |  |
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**Persons undertaking the job/task must read & sign this document to acknowledge that they understand the identified hazards and will actively participate in the control of the hazards.**

**Personnel signatures:**

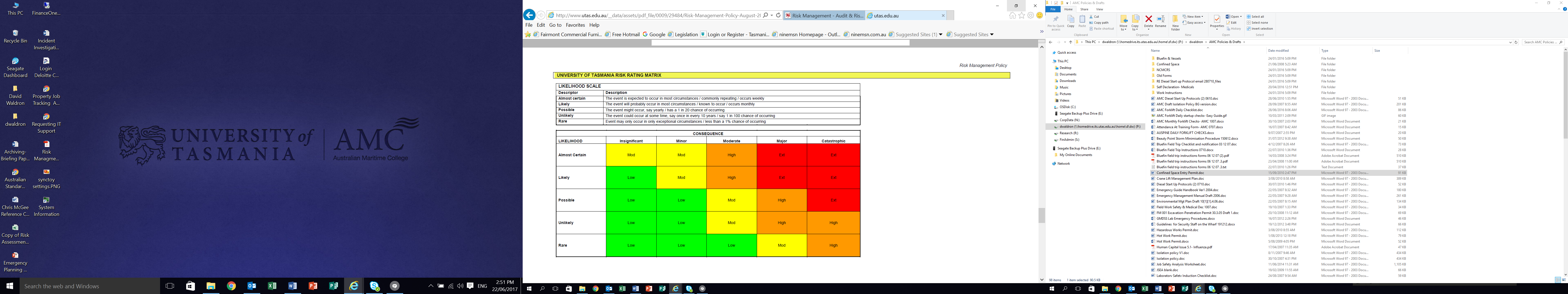
(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Job/Task Steps** | **Hazard Identified** | **Hazard Rating** | **Hazard Control Required** | **Action Assigned To** | **Estimated**  **Completion**  **Date** | **Actual**  **Completion**  **Date** | **Revised Hazard Rating** |
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**UTAS Risk Management Tools- Likelihood Scale**



**Extract from the UTAS Table of Consequences**

|  |  |
| --- | --- |
| **Consequence** | **Descriptor** |
| Catastrophic | Loss of life, permanent disability or injury to multiple persons. |
| Major | Permanent disability or impairment to one or more persons. |
| Moderate | Hospitalisation required. Significant lost time and restricted or modified duties required for longer than 1 month. |
| Minor | Medical Treatment Injury. Restricted or modification of duties for less than 1 month. |
| Insignificant | Injury report and/or first aid only. |

Copies of this form are to be filed onsite or provided to the AMC Operations & Facilities Office and are to be retained for seven years.