

PROJECT RISK ASSESSMENT FORM

Group:

Project Location:

Project Date:

Project Coordinator:

Pre-existing medical conditions checked?

Yes

No

Volunteer induction provided?

Yes

No

Tasks to be undertaken

-
-
-
-

Hazardous characteristics of site/activities

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Risks to third parties/general public

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RISK IDENTIFIED:

Controls:

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Date:

Risk Rating:

RISK IDENTIFIED:

Controls:

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Date:

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Risk Rating

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

Project Location Reference Points for emergency services:

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

Date/s at this location:

From / /

To / /

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

Local numbers

Police

Fire

Ambulance

PROJECT MANAGER (please print):

SIGNATURE

DATE: / /