

Council:	Colac Otway Shire	Unit:			
Location:		Incident Date:		Assessment Date	
Incident/Project /Event		Risk Type: <i>(Tick the relevant box where the assesment is restricted)</i>			
Responsible Officer:		OHS <input type="checkbox"/>	Property <input type="checkbox"/>	Liability/Prof. indemnity <input type="checkbox"/>	
<p>For Design Risk Assessment only ... This risk assessment and the controls defined within it, are an essential component of the specification and contract. Any proposed changes to the project during construction will not take place without documented re assessment of risks to ensure no unacceptable risks are introduced.</p> <p>Description <i>(Incident/hazard, project/design scope):</i></p>					

Hazards/Risk Areas of Concern/Exposures *(Tick all applicable below)*

Occupational Health and Safety/Public Liability					Property & Other			Contributors <i>(Incid. Analysis)</i>	
Chemical	Asbestos	Moving Equipment	Electrical	Heat	Arson	Fraud	Accountabilities Training/Awareness Monitor./Supervision Design Inspections/Mainten.		
Fumes	Barriers	Guarding	Fluids	Steam	Fire	Advice			
Vapours	Confined Space	Material Storage	Hydraulic	Fire	Storm/Water	Dis. access			
Fibres	Manual Handling	Slippery Surface	Pneumatic	Water	Security			
Flammable	Working at Heights	Concealed cables	Thermal	Vibration	Vandalism			

Risk Analysis and Controls: *(Address all identified Hazards/Risk Areas of Concern. All Contributors should be considered for Significant incidents and status documented.)*

No	Activity / Process / Contributors	Hazard/Contribution <i>(incident Analysis only.)</i> /Exposure	Risk Rating*	Control Measure	Control to be implemented by <i>(or agreed by for Design risk analysis);</i> Who; Date;		Completion Date;
1	EG, Car travel	EG, Car condition, road condition,	22 Very high	EG, maps provided, road rules obeyed, driver licenced			
2							
3							
4							

* Risk Rating *(Not required for Incident Analysis –the incident HAS happened, not an issue)*

LIKEIHOOD		CONSEQUENCES	
1	Almost Certain	A	Multi Fatal/\$1 mill +
2	Likely	B	Single Fatal/\$0.5 m +
3	Possible	C	Serious Injury/0.1 mill +
4	Unlikely	D	Significant Injury/\$10k +
5	Rare	E	Minor Health Impact

18 – 25 Very High
13 – 17 High
7 – 12 Medium
1 – 6 Low

	1	2	3	4	5
A	25	24	22	19	15
B	23	21	18	14	10
C	20	17	13	9	6
D	16	12	8	5	3
E	11	7	4	2	1

Council Officer's Name _____

Council Officer's Signature _____

Date: ____/____/____

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