

OFF-CAMPUS ACTIVITY – HAZARD MANAGEMENT

This tool may be used to assist with hazard identification

| OFF-CAMPUS ACTIVITY SAFETY MANAGEMENT CHECKLIST | | | |
|--|--|----------------------------------|--|
| Name or description of the off-campus activity | | Departure date: | |
| | | Return date: | |
| Location/s | | | |
| Off-campus Activity Co-ordinator(s) name(s) and contact details | | Mobile/ Phone | |
| Number of workers | | Number of undergraduate students | |

HAZARD IDENTIFICATION (or action identified)

| If you are completing this form electronically, double click on the check box and select “checked” under the default value | |
|--|--|
| <input type="checkbox"/> Amenities inadequate, insufficient <input type="checkbox"/> Animals that might pose a hazard <input type="checkbox"/> Communication issues <input type="checkbox"/> Disabled access/facilities required <input type="checkbox"/> Electrical hazards (e.g. portable electrical equipment) <input type="checkbox"/> Emergency evacuation foreseeable (e.g. bushfire, flood, medical) <input type="checkbox"/> Engulfment (e.g. unstable landforms, excavations and trenches) <input type="checkbox"/> Environment – dirty, muddy, dusty, wet, slippery, hot, sunny <input type="checkbox"/> Environment – other (specify) _____ <input type="checkbox"/> Fall from a height (e.g. cliffs, pits, ladders, trees) <input type="checkbox"/> Fire hazard/naked flame (e.g. open fires, fire bans) <input type="checkbox"/> Hazardous chemicals (e.g. fuel and other flammables, cryogenics) <input type="checkbox"/> Hazardous Plant or Equipment to be used off-campus (e.g. chain saws, drill rigs, neutron probes) <input type="checkbox"/> Hazardous Manual Tasks – lifting, pushing, or use of manual tools (e.g. manual rock breaking, manual excavation) <input type="checkbox"/> Hit by a vehicle (e.g. moving vehicles in proximity to pedestrians) <input type="checkbox"/> Lighting (e.g. due to time of the day/night/location) <input type="checkbox"/> LPG cylinders and heaters are required <input type="checkbox"/> Medical emergency – first aid <input type="checkbox"/> Noise (e.g. > 85dBA, or 140dB Peak) <input type="checkbox"/> Powered equipment <input type="checkbox"/> Remote or isolated location <input type="checkbox"/> Slip, trip hazards or uneven surfaces | <input type="checkbox"/> Scaffolding, elevated work platform, towers (i.e. potential for collapse) <input type="checkbox"/> Scientific experiments <input type="checkbox"/> Temperature extremes (cold) <input type="checkbox"/> Temperature extremes (hot) <input type="checkbox"/> Temporary structures to be installed <input type="checkbox"/> Transportation – vehicle appropriateness and safety <input type="checkbox"/> Transportation – fatigue <input type="checkbox"/> Transportation – heavy equipment (e.g. stowage and loading) <input type="checkbox"/> Transportation – contingencies (e.g. vehicle breakdown) <input type="checkbox"/> Violence/aggression/personal threat (e.g. dealing with difficult people or challenging circumstances) <input type="checkbox"/> Workplace/surface is unstable or uneven <input type="checkbox"/> Weather conditions (e.g. windy, lightning, hot) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ Other compliance issues for consideration: <input type="checkbox"/> Minors (i.e. children under the age of 18) are attending <input type="checkbox"/> Permits, licenses and/or permission may be required, (including but not limited to) <input type="checkbox"/> Access to property or government lands <input type="checkbox"/> Trapping, catching or taking plants or animals <input type="checkbox"/> Liquor or other licence and/or registration |

- Please note this list is not exhaustive, but can be used as the basis for your initial hazard identification.
- If you tick yes to any of the above, the hazard will need to be assessed and controlled either via a risk assessment (For further information, see [HSW Handbook 3.5 Hazard Management](#)).

| | | | | |
|----------------------|--|------------------------|------------------|-------------|
| HSW Handbook | Off-campus Safety Management Information Sheet | Effective Date: | 18 November 2015 | Version 1.0 |
| Authorised by | Associate Director, HR Compliance and Improvement Services | Review Date: | 18 November 2018 | Page 5 of 9 |
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OFF-CAMPUS ACTIVITY – HAZARD MANAGEMENT

Stage 2 and Stage 3 – Risk Assessment and Control

| Record the potential hazards/issues identified in Hazard Identification Process on Appendix A1 and When and where the hazard is present (i.e. when is the worker exposed?) | Inherent risk assessment rating Before controls are implemented (Refer to the risk assessment Tables – Appendix A3) L, M, H, VH | List the control measures implemented (i.e. in place) <ul style="list-style-type: none"> Control measures are to be in accordance with the Hierarchy of Control. Refer to Appendix C3 for examples. Choose the control(s) that most effectively eliminate the hazard or minimises the risk. Record the control measures in place under the relevant control measure (e.g. list in order under the following headings - substitution, isolation, engineering, administrative, Personal Protective Equipment). Ensure that control measures do not introduce new hazards. | Residual risk rating After controls in place The highest rating is to be transferred to the top of page A1. |
|---|--|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Staff related activities (Note – Low and Medium Residual Risk does not require Manager/Supervisor authorisation) | | | Student related activities | | |
|--|------------------------------|--|---|------------------------------|--|
| Author | Name and Signature | | Author | Name and Signature | |
| High Residual Risk – Authorised by Manager/Supervisor | Name and Signature/authority | | Low and Medium Residual Risk – Authorised by Manager/Supervisor | Name and Signature/authority | |
| High Residual Risk – Authorised by Head of School/Branch | Name and Signature/authority | | High Residual Risk – Authorised by Head of School/Branch | Name and Signature/authority | |
| Very High Residual Risk – Authorised by VC&P | Name and Signature/authority | | Very High Residual Risk – Authorised by VC&P | Name and Signature/authority | |

Refer to the HSW Handbook Chapter “[Hazard Management](#)” for further information.

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RISK ASSESSMENT TABLES

Three essential steps are taken:

1. The probability or likelihood of an incident occurring is evaluated;
2. The severity of the potential consequences is calculated or estimated;
3. Based on these two factors, the risks are assigned priority for risk control through the use of a risk rating.

Risk assessment involves examining and evaluating the likelihood/severity/consequence in order to prioritise and implement adequate controls. The risk matrix has been adopted based on the principles of AS/NZS ISO 31000 (2009) Risk Management – Principles and Guidelines and Code of Practice “How to Manage Work Health and Safety Risks (2012).

Likelihood Table

| CATEGORY | DESCRIPTION |
|----------------|---|
| Almost certain | There is an expectation that an event/incident will occur. |
| Likely | There is an expectation that an event/incident could occur but not certain to occur. |
| Slight | This expectation lies somewhere in the midpoint between “could” and “improbable”. |
| Unlikely | There is an expectation that an event/incident is doubtful or improbable to occur. |
| Rare | There is no expectation that the event/incident will occur. |

Consequences Table

| CATEGORY | DESCRIPTION |
|------------|---|
| Severe | Injury resulting in death, permanent incapacity. |
| Major | Injury requiring extensive medical treatment, hospitalisation, or activities could result in a Notifiable occurrence. |
| Moderate | Injury requires formal medical treatment (hospital outpatient/doctors visit etc), activities could result in an Improvement Notice. |
| Minor | Injury requires first aid. |
| Negligible | Injury requires minor first aid (e.g. bandaid), or result in short term discomfort (e.g. bruise, headache, muscular aches etc), no medical treatment. |

Risk matrix

| Likelihood | Consequences | | | | |
|----------------|--------------|--------|-----------|-----------|-----------|
| | Negligible | Minor | Moderate | Major | Severe |
| Almost Certain | Medium | High | Very High | Very High | Very High |
| Likely | Medium | Medium | High | Very High | Very High |
| Slight | Low | Medium | High | High | Very High |
| Unlikely | Low | Low | Medium | Medium | High |
| Rare | Low | Low | Low | Medium | Medium |

If the level of risk is assessed as high or very high

- Stop the activity; or
 - Tag out the plant/equipment; or
 - Secure any chemical; and
 - Determine if the activity is to:
 - continue; or
 - cease
- in consultation with your Manager/Supervisor.

Follow the process in 3.5.6.1 where the risk cannot be reduced to medium or low.

| | | | | |
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OFF-CAMPUS SAFETY MANAGEMENT : INDUCTION CHECKLIST

| | | | |
|-----------------|--|-------------|--|
| Activity | | Date | |
|-----------------|--|-------------|--|

This checklist provides a guide to the safety induction items that may be useful for workers on off-campus activities.

University Off-Campus Activity Supervisor or Co-ordinator has:

- Provided, where appropriate, a tour (or point out the key features) of the site/area which includes :
 - Location of facilities and amenities
 - Restricted areas or equipment (unless authorised by the Off-Campus Activity Co-ordinator)
- Explained (or reminded) attendees of any key hazards that those attending the off-campus activity need to be mindful/aware of
- Explained any control measures and requirements as per the Risk Assessment (where applicable)
- Explained Incident/Injury/Hazard reporting procedure
- Provided the names of First Aid personnel and information on specific first aid procedures (if applicable)
- Explained emergency, evacuation and/or contingency procedures, including:
 - Method of raising an alarm, evacuation procedures and location of assembly area/s
 - Location of first aid and emergency equipment (including, extinguishers, communications)
 - Emergency contact numbers
 - Roles and responsibilities
 - Arrangements for person(s) with a disability (if applicable)
- Provided sufficient information, instruction and training to safely complete any activities required during off-campus activities including Safe Operating Procedures where identified by a Risk Assessment.
- Explained requirements for vehicles on site (if not addressed in the Risk Assessment above)
- Explained any security arrangements
- Explained any local fire restrictions and requirements (if applicable)
- Confirmed that phone contact details are current and key personnel can be contacted if required during the activity

Other Compliance issues that may apply:

- Explained any license/permit compliance requirements (if applicable)
- Explained requirements for the care/protection of children under 18 years (if applicable)

| INDUCTOR | PERSON(S) INDUCTED | |
|---------------------------------|---|--------------------|
| Person conducting the induction | List the workers or attach a list of participants who have been inducted. | |
| | Print Names | Print Names |
| _____ | | |
| Name (Please print) | | |
| Date | | |

OFF-CAMPUS SAFETY MANAGEMENT : DEBRIEF

This tool may assist with a debrief for the off-campus activity

| | | |
|-----------------------------|--|------------------|
| Name of Off-Campus Activity | | Date / / |
| Debrief Attendees | | |
| Name of Activity Supervisor | | Contact Number : |

Record suggestions for improvement if this activity and attach to the Risk Assessment or Safety Management Plan or file with other key activity documents.

| Issue raised | Recommendations for improvement |
|--------------|---------------------------------|
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