

RISK ASSESSMENT

JOB / TASK DESCRIPTION:	Risk Assessment for Travel – COVID 19	Date:	
Company Name:		How many days away	
Company ABN:		Reason for visit	
Company Address and Phone		People whom you came in contact with	
Where are you travelling from (which city or location)		Locations visited	
Supervisor Name:		Supervisor Phone:	

PPE Required (tick appropriate box):

EVE PROTECTION MUST BE WORN IN THIS AREA	SAFETY GOGGLES MUST BE WORN	FACE SHIELD MUST BE WORN	FOOT PROTECTION MUST BE WORN	HAND PROTECTION MUST BE WORN	HEAD PROTECTION MUST BE WORN	SUN MAT MUST BE WORN ON SITE	DUST MASK MUST BE WORN	BREATHING APPAGATUS MUST BE WORN	REARING PROTECTION MUST BE WORN	SAFETY VEST MUST BE WORN	SAFETY HARNESS MUST BE WORN	LONG BLEVE SHIFT AND THOUSERS MUST BE MORN	PROTECTIVE CLOTHING MUST BE WORN

NOTE: If there are High Risk Work Activity's identified below, works SHALL NOT proceed until applicable SWMS is reviewed, signed and dated by the Supervisor

HIGH RISK CONSTRUCTION ACTIVITY (if ticked then refer also to specific Safe Work Method Statement) (S291 Work Health Regulations 2011)

U Work at	Heights	Communication Towers		Demolition	Work	Asbestos Work			Structural alterations that require Temporary Suppo								
Confine	d Space Entry	Artificial Temperature Ex	tremes	On or Near	On or Near Gas Distribution Mains			Hazardous Chemicals									
Flamma Contaminat	ble / ted Atmospheres	Tilt Up / Precast Use		🗌 Road / Rai	l Work	🗌 Moł	oile Plant Movement		Excavation Over 1.5M					Excavation Over 1.5M			
ED	Name	Signature	F	Position	Date	ED	Name	S	ignature	Position	Date						
/ELOPED BY:						VIEW BY:											
DEV						RE											

APPROVAL BY: Name:

Comments:

•low risk return to work approved

•self-isolate and work from home from ______.to _____.

•self-isolate taking special leave from ______ to ______



Basic Job Steps	Potential H	azards	Current Controls	Likelihood	Consequence	Risk Score A	Additional Controls	Likelihood	Consequence	Risk Score B	Action by
Transport to and from location outside BSC area by Motor Vehicle	 Stopping Toilet Stop Purchasin paying for Contact worker people/in people 	ops ng and r goods vith	 Washing hands good hygiene and sanitisation practice Use of alcohol based hand rub Social distancing practices (1.5m) Try and make contactless payments Use cotton gloves where practicable Travel in day light and where possible in sunny conditions. 								
General living outside of BSC area	 Contact v other peo cough an sneezes Contact v contact v contact v contact v 	ople vith oples d vith	 Washing Hands good hygiene Social Distancing Practices (1.5m) Use of alcohol based hand rub Regular household sanitation with disinfectant If someone in the home is suspected of exposure, consider isolation If there is another bathroom or toilet in the house, make use of one of them 								



Grocery Shopping	•	Toilet Use	Vashing hands good hygiene and canitation practices	•		
	•	Purchasing and	Jse of alcohol based hand rub			
		paying for goods	Social distancing practices (1.5m)			
			Vhere possible, use cotton gloves			
	•	Contact with other	Jse contactless payment techniques			
		people/infected people	Be aware of trollies and shelves being potential infection harboring spaces.			
A staff member	•	Contact with other people	Notify your supervisor	•		
coming in contact with another			Vashing hands good hygiene and canitation practices			
person/s who has/have	•	Unknown contact with infected people	Jse of alcohol based hand rub			
arrived from areas with			Social distancing practices (1.5m)			
known Covid 19 cases.	•	Contact with	Avoid leisure travel and avoid accessing public places			
		contaminated surfaces	Separate toilets and bathroom facilities where possible			
			Separate rooms to live in where			
			Aust advise workplace and follow all protocols required by the workplace			



Close contact with someone with a confirmed case of COVID 19	•	Becoming infected with COVID 19	 Self-quarantine for 14 days If you feel unwell contact your doctor immediately 		
	•	Unknowingly infecting others with COVID 19	 Notify your supervisor Do not come to work Call 13HEALTH for advice Separate toilets and bathroom facilities where possible Separate rooms to live in where possible Must advise workplace and follow all protocols required by the workplace 		
Close contact with someone or you have returned from overseas after 16 March	•	Becoming infected with COVID 19 Unknowingly infecting others with COVID 19	 Avoid coming in contact with overseas travellers. Self-quarantine for 14 days If you feel unwell contact your doctor immediately, 13HEALTH (13432584) Do not come to work Notify your supervisor Must advise workplace and follow all protocols required by the workplace. 		



Person being a possible carrier for Covid 19 to Biloela/BSC	•	Becoming ill with the virus. Infecting others with the virus	• • •	Good hand washing techniques and Personal hygiene Limited exposure to public places Social distancing No one that I am known to or have come in contact with has been identified as a potential carrier or infected person. Use of sanitisers regularly Use of masks as required			•			
			•	Please identify clearly what steps you are taking personally to avoid the virus.			•			
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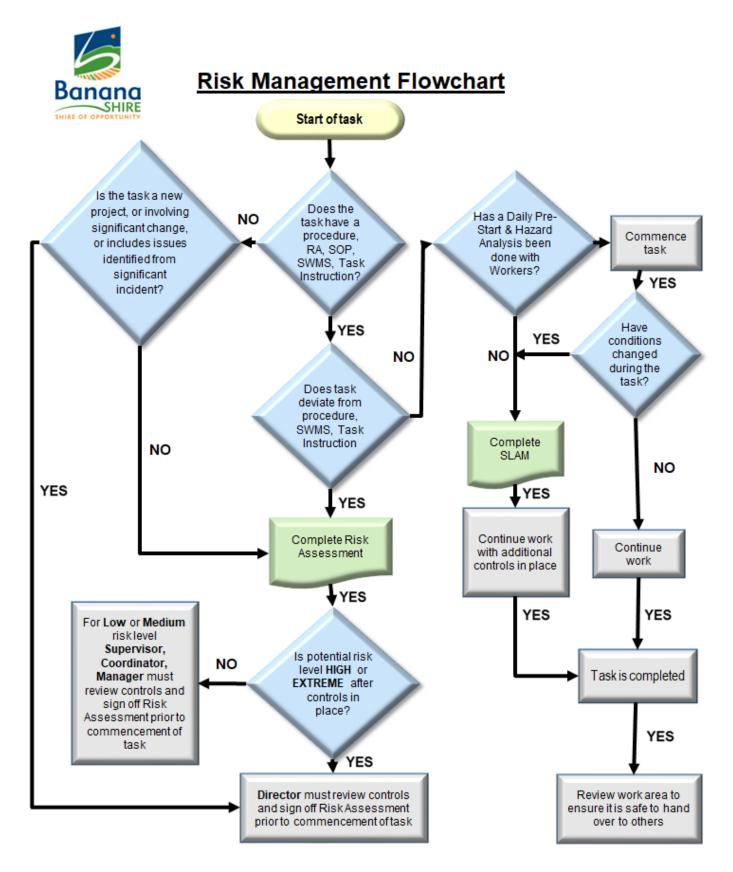
RISK ASSESSMENT

				RISK MATRIX	K	
				CONSEQUEN	CE	
		LOW No or First Aid Injury. Equipment loss of less than \$100. Nil adverse attention.	injury. Equipment loss of	MODERATE Lost time injury. Equipment loss of less than \$15K but more than \$5K Adverse attention from State media and/or raised public concern.	MAJOR Major injury. And/or Permanent Disability. Equipment loss of less than \$200K But more than \$15K. Significant adverse national media and/or public outcry.	CRITICAL Fatality. Equipment loss of more than \$200K. Serious international media or public outcry
	ALMOST CERTAIN Expected to occur at most times (At least once per week)	MEDIUM (11)	HIGH (16)	HIGH (20)	EXTREME (23)	EXTREME (25)
0	LIKELY Likely to occur at most times (At least once per month)	MEDIUM (7)	MEDIUM (12)	HIGH (17)	EXTREME (21)	EXTREME (24)
LIKELIHOOD	POSSIBLE Could occur at some time (At least once per year)	LOW (4)	MEDIUM (8)	HIGH (13)	HIGH (18)	EXTREME (22)
	Unlikely to occur (At least once per 10 years)	LOW (2)	LOW (5)	MEDIUM (9)	HIGH (14)	HIGH (19)
	RARE May occur in rare circumstances (At least once per life of facility 30- 100yrs)	LOW (1)	LOW (3)	MEDIUM (6)	MEDIUM (10)	HIGH (15)

	RISK SCORE ACTION GUIDE											
RISK LEVEL	ACTION REQUIRED											
Extreme (21-25)	Job shall not proceed without director sign-off.											
High (13-20)	Job shall be managed using Risk Assessments and/or SWMS. Work permit may be required. Manager or Coordinator sign-off required prior to work commencing.											
Medium (6-12)	Job shall be managed using Risk Assessments and/or SWMS and SLAM. Coordinator or Supervisor sign-off required prior to work commencing.											
Low (1-5)	Job shall be managed using Risk Assessments, SLAM, training and competency and existing processes. Supervisor sign off required prior to work commencing.											

Reviewed: March 2020







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SIGN OFF SHEET

NAME	SIGNATURE	DATE	NAME	SIGNATURE	DATE