**Bega A.P.& H.**  WHS 03

**NOTE: The Incident Site must not be tampered with prior to Workplace Standards Assessment if required**

**Follow-up to Assessment/ Action to be Undertaken**

**PART B to FORM WHS 02 – To be completed by Area Risk Manager/ Supervisor within 24 hours**

**Section 5: Risk Identification: Consider all of the factors that may have contributed to the**

 **incident/ hazard**

|  |  |
| --- | --- |
| **Worker/ Patron Behaviour/ Experience** | **Machinery/ Equipment/ Substances** |
| **Training/ Instruction/ Supervision** | **Worksite Design/ Layout/ Condition** |
| **Work Practices/ Procedures** | **Temperature/ Weather/ Lighting/ Noise Levels/****Housekeeping/ Personal Protective Equipment** |

**Section 6: Risk Assessment**

Estimate the likelihood of the incident/hazard occurring again based on experience and previous Incident/ hazard data.

**LOW MEDIUM HIGH**

Severity of actual or potential injuries/ damage to person, equipment/machinery/property, environment

**LOW MEDIUM HIGH**

**Section 7: Risk Control - Actions to be taken to eliminate or minimize the risks/ contributing Factors.Prioritize actions based on level of risk**

SEE OVER

|  |  |  |  |
| --- | --- | --- | --- |
| **RISK CONTROLS** | **PRIORITY** | **By Whom** | **By When** |
| **Hazard Elimination/ Substitution** | **Low****Medium****High** |  |  |
| **Engineering/ Work Environment** | **Low****Medium****High** |  |  |
| **Work Practices/ Procedure** | **Low****Medium****High** |  |  |
| **Instruction/ Training/ Supervision** | **Low****Medium****High** |  |  |

**……………………………………… …………………………………………………………………..**

**Authorising Staff Member Signature Date: / /**

**……………………………………… …………………………………………………………………..**

**Actioning Staff Member Signature Date: / /**

**Completed action must be signed off and returned to Risk Manager by date required or advice given**

**Section 8: Risk Manager Comments**

**Date:**

**Risk Register No.:**

 Signature: …………………………………………………..

 Date: …………/……………/……………