| **Risk Assessment (to amend and complete when necessary)** | **Project name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| **Hazard or hazardous events: (Health hazards and physical hazards)** | **Typical uncontrolled outcome:** | **Organisation control measure** | **Who is at risk?** |
| ☐ Manual handling | ☐ Back strains | ☐ Demonstrate safe technique |   |
| ☐ Stone splinters | ☐ Eye injury | ☐ Wear safety goggles |   |
| ☐ Slips, trips, and falls | ☐ Minor scrapes/bruises | ☐ Demonstrate safe technique |   |
| ☐ Contact with swinging hand tools | ☐ Injury to self/others | ☐ Demonstrate safe technique |   |
| ☐ Contact with micro-organisms | ☐ Stomach complaints | ☐ Wash hands before eating |   |
| ☐ Public access to work site | ☐ Accidents/incidents | ☐ Divert with signs |   |
| ☐ Others (please specify):  | ☐ Others (please specify):   | ☐ Others (please specify):  | **PPE Required:** |
|   |   |  | ☐ Work gloves  |
|   |   |  | ☐ Safety boots  |
|   |   |  | ☐ Goggles |
|   |   |  | ☐ Hard hat |
|   |   |  | ☐ Ear defenders  |
|   |   |  | ☐ Other: |
|   |   |  |   |
| **Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Assessment date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |   |   |   |