| **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:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |