|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of workplace:** | | | **Name of workplace manager:** | | | |
| **Risk assessment focus:** | | | | | | |
| **Location/activity** | **Hazard identification type/ Causes** | **Current Controls** | [**Risk Matrix Score**](https://education.nsw.gov.au/inside-the-department/health-and-safety/risk-management/procedures-and-tools/risk-assessment-matrix) | **Elimination or Control Measures** | **Who** | **When** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Relevant additional information reviewed and attached: Yes No  Plan prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prepared in consultation with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Communicated to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Monitor and Review: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or a significant change occurs.** | | | | | | |

\*Note assessments of risk vary with the particular circumstances (eg. nature of the workplace, student group)