



**SITE SPECIFIC RISK ASSESSMENT AND
HAZARD CONTROL SHEET (HAC)**

DATE:

LOCATION:

TASKS TO BE DONE:

PROCEDURES AND SUPPORTING DOCUMENTATION:

SAFETY OFFICER:

Hazard Analysis

Hazard Audit (Examination of situation and work practices that are pertinent to the hazard)

N	Individual Hazards Identified	Risk Score
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*ARA Risk Rating = (Consequence + Probability)

Suggested Control Measures

N

Control Measures

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*ARA Hazard Controls = (Action Plan + Monitoring)

Note: In estimating the level of risk, initially estimate the risk with existing controls and then review the and monitor the risk controls if risk level arising from the risks is not minimal

TABLE 1 – CONSEQUENCE

Level	Descriptor	Examples of Description
1	Insignificant	No injuries. Minor delays.
2	Minor	First aid required.
3	Moderate	Medical treatment required.
4	Major	Extensive or multiple injuries. Hospitalisation required. Permanent severe health effects.
5	Catastrophic	Death of one or more people.

TABLE 2 - PROBABILITY

Level	Descriptor	Examples of Description
A	Almost certain	The event is expected to occur in most circumstances. Common or repetitive occurrence at events. Constant exposure to hazard.
B	Likely	The event will probably occur in most circumstances. Known history of occurrence at events and shows. Frequent exposure to hazard.
C	Possible	The event could occur at some time. History of single occurrence at previous events and displays. Regular or occasional exposure to hazard. Moderate probability of damage.
D	Unlikely	The event is not likely to occur. Known occurrence in industry. Infrequent exposure to hazard. Low probability of damage.
E	Rare	The event may occur only in exceptional circumstances. No reported occurrence globally. Rare exposure to hazard. Very low probability of damage. Requires multiple system failures.

TABLE 3 – RISK RATING

Probability	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
A (Almost certain)	M	H	E	E	E
B (Likely)	M	H	H	E	E
C (Possible)	L	M	H	E	E

D (Unlikely)	L	L	M	H	E
E (Rare)	L	L	M	H	H

TABLE 4 – ACTION

Recommended Action Guide:

Abbrev	Action Level	Descriptor
E	Extreme	The proposed task or process activity MUST NOT proceed until the safety officer has reviewed the task or process design and risk controls. They must take steps to firstly eliminate the risk and if this is not possible to introduce measures to control the risk by reducing the level of risk to the lowest level achievable. In the case of an existing hazard that is identified, controls must be put in place immediately.
H	High	Urgent action is required to eliminate or reduce the foreseeable risk arising from the task or process. The safety officer must be made aware of the hazard. However, the supervisor may give special permission for staff to undertake some high risk activities provided that system of work is clearly documented, specific training has been given in the required procedure and an adequate review of the task and risk controls has been undertaken. This includes providing risk controls identified in Legislation, Australian Standards, Codes of Practice etc.* A detailed Standard Operating Procedure is required. * and monitoring of its implementation must occur to check the risk level
M	Moderate	Action to eliminate or reduce the risk is required within a specified period. The safety officer should approve all moderate risk tasks or process activities. A Standard Operating Procedure or Safe Work Method statement is required
L	Low	Manage by standard routine procedures.

***Note: These regulatory documents identify specific requirements/controls that must be implemented to reduce the risk of an individual undertaking the task to a level that the safety officer identifies as being acceptable.**

TABLE 5 – HAZARD CONTROL FLOW CHART

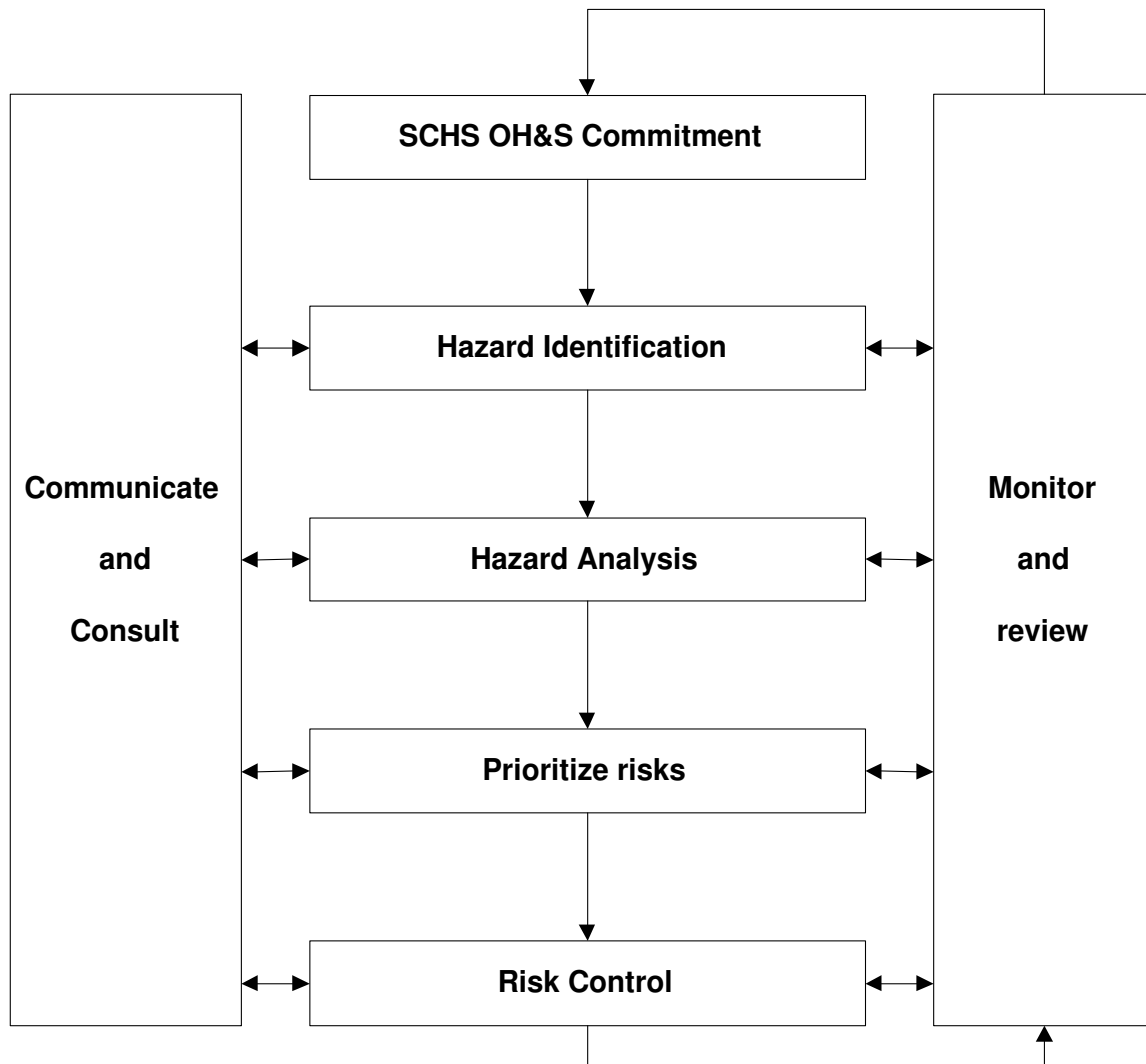


TABLE 6 – HIERACHY OF HAZARD CONTROLS

Hazard Control Hierarchy

- A. Eliminate
- B. Substitute
- C. Engineering eg Barricades etc
- D. Administration (includes training and safe work procedures)

E. Personal Protective Equipment

**AUSTRALIAN RE-ENACTORS
ASSOCIATION INC.**

ACCIDENT & INCIDENT REPORT

Date and location : _____

Title: _____

Name And Contact Details of Personnel Involved In the Incident/Accident:-

Provide Details of Any Personal Injury Resulting From the Incident/Accident:-

Was Medical Assistance Sought? Yes OR No (Please circle)
Name And Contact Details
Of The Medical Personnel Involved:-

Provide Details Of The Actual Incident/Accident:-

Provide Details of the Action Taken Immediately Following the Incident/Accident:-

Provide Details Of The Instrumental Actions Taken In The Incident/Accident ‘Clean-Up’:-

Provide Details Of Preventive Measures Adopted Following The Incident/Accident:-

I confirm the details contained in this report are an accurate account of the incident/accident that took place on _____

(Signature)

(Date)