Bounce Fitness Risk Assessment Form

This form is to be used with reference to the *Bounce Fitness Workplace Health and Safety Policy and Procedures,* in particular the Hierarchy of Control Measures. All other requirements to complete this assessment are included in this form.

For support in conducting a risk assessment, contact a representative of the Bounce Fitness WHS Committee.

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| --- | --- |
| **1. Background Information** | |
| **Date:** | Click or tap here to enter text. |
| **Name of Partner Gym** | Click or tap here to enter text. |
| **Location:** | Click or tap here to enter text. |
| **Name of person conducting assessment:** | Click or tap here to enter text. |
| **Contact details of person conducting assessment:** | Click or tap here to enter text. |

| **2. Risk Assessment** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identify Hazards** | | **Description of the risk** | **Current risk controls** | **Consequence rating** | **Likelihood rating** | **Risk rating** | **Adequacy of existing control**  **(Yes or No)** | **List Additional Controls**  *(If current controls are not managing the ris*k, refer to the Hierarchy of Control Measures) | **To be actioned by whom and when** | **Date completed** |
| ***EXAMPLE*** | *Loose cabling behind treadmills* | *Trips, falls, electrocution, sprain, strain could occur because of lose cabling* | *Appears to be an attempt at covering of some loose cabling* | *2 - Minor* | *2 – Unlikely* | *Low* | *No, current controls are not adequate* | * *Remove treadmills if not in use (elimination)* * *Secure cable to wall or floor edge (isolation)* * *Use hazard tape (isolation)* | *Manager – prior to next WHS meeting* | *DD/MM/YY* |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **5** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Consequence - Evaluate the consequences of a risk occurring according to the ratings in the top row  |  |  |  | | --- | --- | --- | | **Descriptor** | **Level** | **Definition** | | **Insignificant** | **1** | No injury | | **Minor** | **2** | Injury/ ill health requiring first aid | | **Moderate** | **3** | Injury/ill health requiring medical attention | | **Major** | **4** | Injury/ill health requiring hospital admission | | **Severe** | **5** | Fatality |   3. Risk Matrix – Using the matrix calculate the level/rating of risk by finding the intersection between the likelihood and the consequences   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Likelihood** | **Consequence** | | | | | | **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** | | **Almost Certain** | Medium | High | Extreme | Extreme | Extreme | | **Likely** | Medium | Medium | High | Extreme | Extreme | | **Possible** | Low | Medium | Medium | High | Extreme | | **Unlikely** | Low | Low | Medium | Medium | High | | **Rare** | Low | Low | Low | Medium | Medium | | Likelihood - Evaluate the likelihood of an incident occurring according to the ratings in the left-hand column  |  |  |  | | --- | --- | --- | | **Descriptor** | **Level** | **Definition** | | **Rare** | **1** | May occur somewhere, sometime (“once in a life time / once in a hundred years”) | | **Unlikely** | **2** | May occur somewhere within the Department over an extended period of time | | **Possible** | **3** | May occur several times across the Department or a region over a period of time | | **Likely** | **4** | May be anticipated multiple times over a period of time  May occur once every few repetitions of the activity or event | | **Almost Certain** | **5** | Prone to occur regularly  It is anticipated for each repetition of the activity of event |   4. Risk Level/Rating and Actions - Based on the level/rating of risk you identified in the Risk Matrix determine the appropriate action.   |  |  | | --- | --- | | **Descriptor** | **Definition** | | **Extreme:** | Notify **Workplace Manager and/or Management WHS/OHS Nominee** immediately. Corrective actions should be taken immediately. Cease associated activity. | | **High:** | Notify **Workplace Manager and/or Management WHS/OHS Nominee** immediately. Corrective actions should be taken within 48 hours of notification. | | **Medium:** | Notify **Nominated employee, HSR / HSC**. Nominated employee,WHS/OHS Representative / HSC is to follow up that corrective action is taken within 7 days. | | **Low** | Notify **Nominated employee, HSR / HSC**. Nominated employee, HSR / HSC is to follow up that corrective action is taken within a reasonable time. | |