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| In class Activity - RISK ASSESSMENT 1 | | | | | | | | |
| Location: | | | | | | | **Date:** | |
| Scenario:  *Pathology Collection Centre* | **What is the harm that the hazard could cause?** | **What is the likelihood that the harm would occur?** | **What is the level of risk?** | **How effective are the current controls?** | | **What further controls are required?** | *How will the controls be implemented?* | |
| **Due date:** | **Person responsible for implementation:** |
| Hazard:  Overfilled sharps container |  | ☐1. VERY LIKELY  ☐2. LIKELY  ☐3. UNLIKELY  ☐4. VERY UNLIKELY | ☐1. EXTREME  ☐2. MAJOR  ☐3. MODERATE  ☐4. MINOR | ☐EFFECTIVE  ☐INEFFECTIVE | | **LEVEL 1:**  ☐ELIMINATE |  |  |
| **LEVEL 2:**  ☐SUBSITUTE  ☐ISOLATE  ☐USE ENGINEERING CONTROLS |
| **LEVEL 3:**  ☐USE ADMINISTRATIVE CONTROLS  ☐USE PPE |
|  | | | | | ***Existing Risk Controls?*** | | | |
|  | | | |
| ***Residual Risks?*** | | | |
|  | | | |
| ***Comments:*** | | | |
|  | | | |
| In class Activity – RISK ASSESSMENT 2 | | | | | | | | |
| Location: | | | | | | | **Date:** | |
| Scenario:  *Pathology Home Visit* | **What is the harm that the hazard could cause?** | **What is the likelihood that the harm would occur?** | **What is the level of risk?** | **How effective are the current controls?** | | **What further controls are required?** | *How will the controls be implemented?* | |
| **Due date:** | **Person responsible for implementation:** |
| Hazard:  Slip, trip & fall hazard |  | ☐1. VERY LIKELY  **☐2. LIKELY**  ☐3. UNLIKELY  ☐4. VERY UNLIKELY | ☐1. EXTREME  ☐2. MAJOR  ☐3. MODERATE  ☐4. MINOR | ☐EFFECTIVE  ☐INEFFECTIVE | | **LEVEL 1:**  ☐ELIMINATE |  |  |
| **LEVEL 2:**  ☐SUBSITUTE  ☐ISOLATE  ☐USE ENGINEERING CONTROLS |
| **LEVEL 3:**  ☐USE ADMINISTRATIVE CONTROLS  ☐USE PPE |
|  | | | | | ***Existing Risk Controls?*** | | | |
|  | | | |
| ***Residual Risks?*** | | | |
|  | | | |
| ***Comments:*** | | | |
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