Owner: Health, Wellbeing and Safety (HR)

Last Review: 24 June 2019

**Sample Risk Assessment**

(Western Australian Code of Practice: [Violence, Aggression and Bullying At Work](http://www.commerce.wa.gov.au/publications/code-practice-violence-aggression-and-bullying-work))

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| **1. THE WORKPLACE (Each YES answer indicates a risk of violence)** |  |
| Are money/valuables/drugs kept at the workplace?  | YES/NO |
| Has violence or aggression been an issue in the past?  | YES/NO |
| Are people affected by alcohol or other drugs? | YES/NO |
| Are customers likely to be angry or disgruntled? | YES/NO |
| Are there any other obvious reasons why workers or clients may become violent? | YES/NO |
| **2. WORKERS (Each YES answer indicates a risk of violence)** |  |
| Do staff work alone or at night? | YES/NO |
| Do inexperienced staff deal with customers? | YES/NO |
| **3. IDENTIFY, ASSESS AND CONTROL (Each NO answer indicates a risk of violence)** |  |
| Are all workplace violence reports analysed? | YES/NO |
| Are workers asked about risk of violence? | YES/NO |
| Are potentially violent people identified? | YES/NO |
| Are causes of potential violence identified? | YES/NO |
| Have risks of injury or harm been assessed? | YES/NO |
| Are there controls for averting violence? | YES/NO |
| Have they been used successfully? | YES/NO |
| Are workers consulted when developing the controls? | YES/NO |
| Is the safety of public/clients considered? | YES/NO |
| **4. CONSULTATION AND CO-OPERATION (Each NO answer indicates a risk of violence)** |  |
| Is there a forum for violence and aggression to be discussed? | YES/NO |
| Does the safety and health representative check hazards? | YES/NO |
| Is there a procedure for reporting incidents? | YES/NO |
| Are all changes discussed with workers? | YES/NO |
| Are workers consulted? | YES/NO |
| **5. VIOLENCE PREVENTION PLAN (Each NO answer indicates a risk of violence)** |  |
| Does your workplace have a violence prevention plan? | YES/NO |
| Was the plan drawn up in consultation with workers? | YES/NO |
| Does the plan cover identification, assessment and control? | YES/NO |
| Does the plan cover induction and training? | YES/NO |
| Does the plan set safe procedures for hazardous tasks? | YES/NO |
| Is there a security system in the workplace? | YES/NO |
| **6. VIOLENCE RESPONSE PLAN (Each NO answer indicates a risk of violence)** |  |
| Does your workplace have a violence response plan?  | YES/NO |
| Does the plan include first aid and medical support? | YES/NO |
| Does the plan include backup from police and emergency services?  | YES/NO |
| Does the plan include prompt de-briefing and counselling? | YES/NO |
| Is an employee assistance service provided? | YES/NO |
| Is the plan reviewed after each violent situation? | YES/NO |
| **7. TRAINING AND INFORMATION (Each NO answer indicates a risk of violence)** |  |
| Have staff been provided with relevant information about violence and aggression? | YES/NO |
| Have staff been trained to recognise and avoid potential violence, and defuse violence and aggression? | YES/NO |
| Do staff have interpersonal skills training? | YES/NO |
| Are there safe procedures for violent situations? | YES/NO |
| Do staff understand violence management procedures? | YES/NO |
| Are staff trained to report violent incidents? | YES/NO |

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| **HAZARD IDENTIFICATION AND RISK ASSESSMENT FORM****Note:** A combination of controls may be required, depending on the circumstances of individual workplaces. |
| **Name of Organisation:**  | **Information collected by:**  | **Date:**  |
| **Task and location** | **Hazards** | **People affected** | **How often** | **Comments** | **Level of risk (record when risk assessment complete)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| **This form covers all workers and clients who may be affected by work in the work area.** |

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| **CONTROLLING THE RISK**The following risk profile summarises the risk assessment and controls for the each major hazard : |
| **Location:**  |
| **Prepared by:**  | **Position:**  | **Date prepared:**  |
| **Task #: 1** |  | **Hazard:**  |
| **Task Frequency:**  | **Risk level:**  | **Comment:**  |
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| **Preferred order of controls** | **Risk control****What can be done to make the job safe** | **Person responsible****Who makes sure it happens?** | **Completion** |
| **Date** | **Sign off** |
| **Elimination** |  |  |  |  |
| **Substitution** |  |  |  |  |
| **Isolation** |  |  |  |  |
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|  |  |
| **Engineering** |  |  |  |  |
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|  |  |
| **Administration** |  |  |  |  |
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| **Personal Protective Equipment (PPE)** |  |  |  |  |