

# Chad Vale Primary School Risk Assessment (Appendix H)

Lead Assessor

Rupinder Sohal

Date

27.1.09

Ref No	Identify the Hazard (Briefly describe the how the hazard is encountered and the type of harm that can arise)
	<p>➤ <u>Setting up sound system in hall.</u></p> <ul style="list-style-type: none"> <li>- wires trailing across floor!</li> <li>- use of ladders to change microphone height</li> <li>- cabinet in hall (sharp edges)</li> <li>- loose mic. wires hanging from ceiling.</li> <li>- tripping over " in P.E.</li> <li>- electricals close to kitchen.</li> </ul>

Who might be harmed? (Number of people)	Severity/worst case outcome?	Probability/ Likelihood?	Risk Factor (see key)
Employees <input checked="" type="checkbox"/>	Major injury 4 <input type="checkbox"/>	Certain 4 <input type="checkbox"/>	⑨
Pupils <input checked="" type="checkbox"/>	High injury 3 <input type="checkbox"/>	Probable 3 <input type="checkbox"/>	
New/Expectant Mothers <input checked="" type="checkbox"/>	Moderate injury 2 <input checked="" type="checkbox"/>	Possible 2 <input checked="" type="checkbox"/>	
Contractors(C) <input checked="" type="checkbox"/>	Minimal injury 1 <input type="checkbox"/>	Improbable 1 <input type="checkbox"/>	
Visitors <input checked="" type="checkbox"/>			

Recommended Precautions and/or Risk Controls	Priority (see key)
<ul style="list-style-type: none"> <li>- wires taped to floor</li> <li>- safe ladder use procedures followed.</li> <li>- cabinet stored against wall.</li> <li>- } wires coiled up + hooked out of children's reach</li> <li>- } ensure cabinet is unplugged when not in use</li> </ul> <p><b>Risk Factor with recommended Workplace Precautions and/or Risk Controls</b></p>	①

PRIORITY KEY: I = Immediate M = Medium L = long term (consult risk level evaluator)  
 ACTIONS KEY: Eliminate, Substitute, Reduce, Isolate, Control, Personal Protective Equipment, Discipline  
 RISK FACTOR: Likelihood ..... x ..... Severity = Risk Factor  
**It is strongly recommended that the section on Risk Assessment in the Safety Manual be consulted**

Name person responsible for action (if required):	By when:
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Date of review: 27.1.0910 Signed: Rupinder Sohal