Template only MUST modify to site conditions

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| Site / Area: | |  | | Date of Assessment | |  | | Risk Assessment # | **026RA** |
| Completed by (name) | |  | | Signature | |  | | | |
| In Consultation with: | |  | | Signature | |  | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | **GARDENING WITH STUDENTS** | | | |
| Authorised by: | |  | | Signature: | |  | | Date: |  |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | | | |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards? What could happen? | | | | **Step 2: Assess the potential risks:**  What do you believe are the risks?  How could this happen? | | | | **Step 3: Reducing the risk:**  What do you believe can be done to reduce the risk?  Controls | |
| **Extreme Temperatures**   * Extreme heat * Extreme cold * Severe storms * Lightning * Floods | | | | * Sunburn * Heat stress / exhaustion * Fatigue * Struck by lightening * Dehydration | | | | * Workers and others are equipped with appropriate footwear and weather protection (hats, sunscreen, wet weather gear etc.) * Wear trousers and long sleeve shirt * On excessively hot days, work rescheduled too indoors wherever possible or work in shaded areas * Cool, potable water made available. Students take water bottles with them * Education Only: classes may not operate in extreme weather conditions (temperatures over 35°C, very high winds, or during storms (lightning)) * In cases of extreme weather, classes to go indoors | |
| **Hazardous Manual Tasks**   * Pushing * Pulling * Lifting * Sustained or awkward postures | | | | * Sprains / strains * Shoulder injuries | | | | * All workers have completed training within the last 3 years and adopt hazardous manual task principles (team lifting) * Mechanical aids (sack trucks, tractors, forklifts, etc.) made available for moving large items | |
| **Gravity**   * Slips, trips and falls | | | | * Slipping on paths * Tripping over on tree roots or materials | | | | * Supervision at all times * Tools and equipment stored appropriately in sheds / workshops | |
| **Biological**  Contact with soil, potting mix, plants | | | | * Risk of legionnaires (from potting mix) * Inhalation of dust * Allergies | | | | * Potting mix is dampened down before use * Gloves made available * Workers and others are briefed on tool safety * Hand washing facilities are available. (Workers and others to wash hands thoroughly at the end of all programs) | |
| **Biological**   * Exposure to small animals / insects | | | | * Swooping birds * Insect bites (bees, ants, mosquitoes) * Snakes * Rodents | | | | * Workers and others to ensure they are aware of any students with anaphylaxis / allergies * Supervision at all times * First aid kit available to deal with bites / stings   **Education Only:**   * Medical plans must be in place for students with known allergies | |
| **Biological**   * Foreign objects in the soil   (may contain small amounts of foreign materials including plastics, glass, sharps and other contaminates) | | | | * Cuts * Lacerations * Hepatitis * HIV / AIDS * Needle stick injuries | | | | * Gardening gloves to be worn when working in the soil * If syringes or sharps are found, tongs must be used to remove and item placed in an approved sharps disposal container | |
| **Hazardous Chemicals**   * Pesticides * Potential spill * Combustibles | | | | * Inhalation * Skin absorption * Ingestion * Dermatitis * Asthma * Respiratory illness * Incorrect storage * Incorrect handling * Incorrect disposal * Cancer | | | | * Use environmentally friendly sprays that are not hazardous * If chemicals are used, only workers are to use them * SDS available * Appropriate PPE is worn * Spray only when weather is appropriate   **Education Only:**   * Spray outside of normal school hours | |
| **Other** | | | |  | | | |  | |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | | | | | |
| **Step 4: Monitor & Review:** | | | | | | | | | |
| Were the controls effective? | | | | Were there any unforeseen hazards / incidents? | | | | New controls | |
| Yes |  | No |  | Yes |  | No |  |
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