# Skills Assessment

**Assessment event 3 of 3**

## Criteria

### Unit code, name and release number

MSL972001 - Conduct routine site measurements (1)

### Qualification/Course code, name and release number

MSL30118 - Certificate III in Laboratory Skills (1)

## Student details

### Student number

### Student name

## Assessment Declaration

* This assessment is my original work and no part of it has been copied from any other source except where due acknowledgement is made.
* No part of this assessment has been written for me by any other person except where such collaboration has been authorised by the assessor concerned.
* I understand that plagiarism is the presentation of the work, idea or creation of another person as though it is my own. Plagiarism occurs when the origin of the material used is not appropriately cited. No part of this assessment is plagiarised.

### Student signature and Date

Version: 1.0

Date created: 15/08/2019

Date modified: 29/01/2020

For queries, please contact:

Innovative Manufacturing, Robotics and Science SkillsPoint

Hamilton Campus

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RTO Provider Number 90003 | CRICOS Provider Code: 00591E

This assessment can be found in the: [Learning Bank](https://share.tafensw.edu.au/share/access/searching.do?doc=%3Cxml%2F%3E&in=P7ac4831b-430a-4b8d-8b56-f7b32ed5b9cf&q=&type=standard&sort=rank&dr=AFTER)

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## Assessment instructions

Table 1 Assessment instructions

| Assessment details | Instructions |
| --- | --- |
| **Assessment overview** | The objective of this assessment is to assess your skills as would be required to :   * Prepare for measurements * Perform measurements * Finalise measurements |
| **Assessment Event number** | 3 of 3 |
| **Instructions for this assessment** | This is a skill based assessment and will be assessing you on your ability to demonstrate skills required in the unit.  This assessment is in 3 parts:   1. Practical 2. Observation Checklist 3. Assessment Feedback   Part of this Assessment draws on the Checklist you prepared in the Project Assessment. The Assessor will return this to you at the beginning of the Skills Assessment. |
| **Submission instructions** | On completion of this assessment, you are required to hand it to your assessor for marking. Ensure you have written your name at the bottom of each page of this assessment.  It is important that you keep a copy of all electronic and hardcopy assessments submitted to TAFE and complete the assessment declaration when submitting the assessment. |
| **What do I need to do to achieve a satisfactory result?** | To successfully complete this assessment the student will be available at the arranged time to complete all the assessment criteria as outlined in the assessment instructions.  All parts of the observable task must be performed to a satisfactory level as indicated in the criteria section of the Observation Checklist.  All oral questions must be answered correctly to be deemed satisfactory in this assessment task; however, Assessors may ask questions to clarify understanding. |
| **What do I need to provide?** | Calculator, pens, PPE (sunglasses, enclosed footwear, long sleeves and long pants, sun hat). |
| **Due date/time allowed/venue** | 3 hours for the preparation, measurement and clean-up, not including travel time. |
| **Assessment feedback, review or appeals** | In accordance with the TAFE NSW policy *Manage Assessment Appeals,* all students have the right to appeal an assessment decision in relation to how the assessment was conducted and the outcome of the assessment. Appeals must be lodged within **14 working days** of the formal notification of the result of the assessment.  If you would like to request a review of your results or if you have any concerns about your results, contact your Teacher or Head Teacher. If they are unavailable, contact the Student Administration Officer.  Contact your Head Teacher for the assessment appeals procedures at your college/campus. |

## Specific task instructions

The instructions and the criteria in the tasks and activities below will be used by the assessor to determine whether the tasks and activities have been satisfactorily completed. Use these instructions and criteria to ensure you demonstrate the required skills and knowledge.

If this assessment requires you to record information, your assessor will provide you with an appropriate document/template.

The task (made up of 4 demonstrations) is be undertaken **three times** and observed by the Assessor.

Completion of this task will require you to refer to the Onsite Field Measurement Checklist you prepared in the Project Assessment for the preparing, conducting and finalising of onsite measurements for:

1. Field pH
2. Field electrical conductivity
3. Wind speed using an anemometer

You are required to complete, for each occasion, the paperwork included in the assessment including:

* Checklist (that you prepared)
* JSEA
* Onsite Measurement Record (progressively during the task)

The sites for measurements will be allocated by your Assessor and will be sites where you have conducted measurements at previously. You will be provided with the exact locations on the first occurrence of the task.

## Part 1: Practical

To complete this part of the assessment, you will be required to participate in a practical demonstration of how to complete a task or activity.

These demonstrations will be observed by your assessor, or the student can digitally record them and submit them as evidence.

Your responses will be used as part of the overall evidence requirements of the unit.

You should refer to the list of criteria in the Observation Checklist to understand what you need to demonstrate in this section of the assessment. This Checklist outlines the assessment criteria used to assess your performance.

Once completed you will need to submit this assessment and the tasks and activities you are required to complete to your assessor for marking.

**Demonstration 1: Maintain a safe work environment (conducted throughout the entire assessment)**

1. Complete one JSEA that will cover each date you visit a site for this assessment. You have been provided with the template to use as part of this assessment.
2. Make sure you consciously minimise environmental impacts throughout the task.
3. Make sure you control generation of any wastes.
4. Dispose of wastes according to workplace procedures.

**Demonstration 2: Prepare for measurements (Record all information on the Onsite Measurement Record progressively as you move through the task)**

1. Confirm the test measurements required by referring to the daily sampling plan.
2. Confirm the location for test measurements, site access and transportation required as indicated in the sampling plan.
3. Use the field checklist you prepared in Assessment 2 to assemble and check equipment for the onsite measurements. Your Assessor will return your prepared checklist to you at the start of the session.
4. Safely stow assembled equipment for travel.

**Demonstration 3: Perform measurements (Record all information on the Onsite Measurement Record progressively as you move through the task)**

1. Locate measurement points ensuring safe access to site, including covers and locks as indicated in JSEA.
2. Operate equipment for the three tasks (A, B, C) required following laboratory and manufacturer procedures.
3. Take at least duplicate readings at each of the allocated sites.
4. Record data neatly and legibly, noting obvious errors if present.
5. Repeat measurement if atypical data or error is obvious.
6. Secure and return site to operation at the end of measurements.

**Demonstration 4: Finalise measurements**

1. Clean equipment on site where appropriate.
2. Check all equipment back and stow ready for transport.
3. On return equipment returned in working order for storage.

**Job Safety & Environment Analysis Demonstration 1 Occurrence 1**

**Activity/ Task:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conducted by:** **In Consultation with:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D**ate Conducted:**

**Reviewed by**: **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date Reviewed:**

**Reason for this risk assessment**– *refer to the* [*Procedure for WHS Risk Management*](https://staff.tafensw.edu.au/employee-essentials/work-health-and-safety/policies-and-procedures/)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace Change  Work task / activity  New building/ facility | | Procure new plant  Commission new plant  Decommission plant | | | | New chemical or storage  Maintenance activity  Lease or contract | | | Staff work travel  Remote or lone working  Public event | Student excursion  Student off-site activity  Student work placement | | Other *(specify)* - | |
| **RISK ASSESSMENT SUMMARY** | | | | | | | | | | | | | |
| **Plant / vehicles / substances involved** | | | | **licenses / permits**  Driver’s licence  High Risk Work License  Plant operators license  Work at heights  Confined space entry permit  Hot work / permit to work  Other - | | | *What are the top 5 risks for this activity / task?*  1.  2.  3.  4.  5. | | | | *What are the top 5 safety controls?*  1.  2.  3.  4.  5. | | |
| **Required Protective Clothing and PPE** | | | | | | | **Other documents needed to manage the risks** | | | |  | | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Eye.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Foot.jpg | | **T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Head.jpg** | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hearing.jpg | | *e.g. Procedure / SOP / work instruction, safety data sheet (SDS), inspection checklists, health declarations etc* | | | | | | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Protective clothing.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Respiratory.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Apron.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hand.jpg | | **Arrangements for First Aid and Emergencies** | | | | | | |
| **Other** *(specify) -* | | | | | | |
| HAZARD CHECKLIST | | | | | | | | RISK ASSESSMENT MATRIX | | | | |
| **Environment**  Weather  Hot or cold conditions  Air quality  Noise  UV exposure  Slip/trip hazards  Drowning  **Substances**  Hazardous chemicals  Explosives  Flammable substances  Toxic substances/ pesticides  Inhalable / respirable dust  Exhaust or other fumes  **Physical**  Pressure  Stored energy – mechanical  Stored energy - electrical  Stored energy – chemical  Confined spaces  Fall from height  Manual tasks / ergonomic  **Electrical**  Overhead power lines  Underground power lines  Arc welding  Power tools / leads  Electrical work  Portable power generators  Wet environments | | | | **Psychological and Social**  Stress  Fatigue  Violence / aggression  Drugs and alcohol  Isolation  Bullying and/or harassment  Communication barriers  **Biological**  Animal or insect bite  Riding or handling  Zoonosis  Infectious agents  Needle-stick / sharps  Bodily fluids  Contaminated waste  **Mechanical**  Traffic  Driving  Forklifts, Cranes etc.  Rotating / moving parts  Crushing  Shearing, cutting, stabbing  Vibration  **Environmental**  Air emissions  Release to stormwater  Chemical spill  Soil/groundwater contamination  Asbestos  Radioactive waste  Waste disposal | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **CONSEQUENCE** | | | | | | ***LIKELIHOOD*** | **Negligible** | **Minor** | **Medium** | **Major** | **Severe** | | ***Almost Certain*** | **9** Medium | **15** High | **18** High | **23 Critical** | **25 Critical** | | ***Likely*** | **7** Low | **12** Medium | **17** High | **20** High | **24** **Critical** | | ***Possible*** | **4** Low | **10** Medium | **13** Medium | **19** High | **22** High | | ***Unlikely*** | **2** Very low | **5** Low | **11** Medium | **14** Medium | **21** High | | ***Rare*** | **1** Very low | **3** Very low | **6** Low | **8** Low | **16** Medium |  |  |  | | --- | --- | | Likelihood description | | | Almost certain | Expected to occur in most circumstances. | | Likely | Can be expected to occur several times in the life of the particular work practice. | | **Possible** | Might occur occasionally in the life of the particular work practice. | | **Unlikely** | Not likely to occur, but could happen at some time. | | **Rare** | May happen but only in exceptional circumstances. | | **Consequence description** | | | **Severe** | Fatality and/or severe injury resulting in amputation or life support. | | **Major** | Hospital admission, and / or long periods off work and/or permanent impairment. | | **Medium** | Injury/illness requiring minor medical treatment, short duration lost time. | | **Minor** | First Aid treatment only. No lost time. | | **Negligible** | Does not require first aid. Minor discomfort. | | | | | |
|  | | | | |

**Risk Assessment**

| Activity / Situation / Location | Hazards | Risk Score | Controls | New Score |
| --- | --- | --- | --- | --- |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |



Onsite Measurement Record 1

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Site 1 | | | Site 2 | | | Site 3 | | |
| Location |  | | |  | | |  | | |
| Measurements required |  | | |  | | |  | | |
| Environmental conditions |  | | |  | | |  | | |
| Checklist completed | Yes  No | | | Yes  No | | | Yes  No | | |
| Transport arranged | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Transport type (circle) | Walk / drive/ boat | | | Walk / drive/ boat | | | Walk / drive/ boat | | |
|  | 1 | 2 | Ave | 1 | 2 | Ave | 1 | 2 | Ave |
| pH |  |  |  |  |  |  |  |  |  |
| Electrical conductivity |  |  |  |  |  |  |  |  |  |
| Wind speed |  |  |  |  |  |  |  |  |  |
| Atypical value/Action taken |  | | |  | | |  | | |
| Site returned to operation/secured | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Equipment cleaned/ decontaminated | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Wastes minimised | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Checklist completed | Yes  No | | | Yes  No | | | Yes  No | | |
| Equipment returned and stored appropriately | Yes  No | | | Yes  No | | | Yes  No | | |
| Comments: (You should note here any equipment problems, outliers, incident, overview of site if necessary) |  | | |  | | |  | | |
| Technician Signature:  *All information contained on this sheet is confidential and available only to authorised representatives of AllSci* | | | | | | | | | |

**Job Safety & Environment Analysis Demonstration 1 Occurrence 2**

**Activity/ Task:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conducted by:** **In Consultation with:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D**ate Conducted:**

**Reviewed by**: **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date Reviewed:**

**Reason for this risk assessment**– *refer to the* [*Procedure for WHS Risk Management*](https://staff.tafensw.edu.au/employee-essentials/work-health-and-safety/policies-and-procedures/)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace Change  Work task / activity  New building/ facility | | Procure new plant  Commission new plant  Decommission plant | | | | New chemical or storage  Maintenance activity  Lease or contract | | | Staff work travel  Remote or lone working  Public event | Student excursion  Student off-site activity  Student work placement | | Other *(specify)* - | |
| **RISK ASSESSMENT SUMMARY** | | | | | | | | | | | | | |
| **Plant / vehicles / substances involved** | | | | **licenses / permits**  Driver’s licence  High Risk Work License  Plant operators license  Work at heights  Confined space entry permit  Hot work / permit to work  Other - | | | *What are the top 5 risks for this activity / task?*  1.  2.  3.  4.  5. | | | | *What are the top 5 safety controls?*  1.  2.  3.  4.  5. | | |
| **Required Protective Clothing and PPE** | | | | | | | **Other documents needed to manage the risks** | | | |  | | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Eye.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Foot.jpg | | **T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Head.jpg** | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hearing.jpg | | *e.g. Procedure / SOP / work instruction, safety data sheet (SDS), inspection checklists, health declarations etc* | | | | | | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Protective clothing.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Respiratory.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Apron.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hand.jpg | | **Arrangements for First Aid and Emergencies** | | | | | | |
| **Other** *(specify) -* | | | | | | |
| HAZARD CHECKLIST | | | | | | | | RISK ASSESSMENT MATRIX | | | | |
| **Environment**  Weather  Hot or cold conditions  Air quality  Noise  UV exposure  Slip/trip hazards  Drowning  **Substances**  Hazardous chemicals  Explosives  Flammable substances  Toxic substances/ pesticides  Inhalable / respirable dust  Exhaust or other fumes  **Physical**  Pressure  Stored energy – mechanical  Stored energy - electrical  Stored energy – chemical  Confined spaces  Fall from height  Manual tasks / ergonomic  **Electrical**  Overhead power lines  Underground power lines  Arc welding  Power tools / leads  Electrical work  Portable power generators  Wet environments | | | | **Psychological and Social**  Stress  Fatigue  Violence / aggression  Drugs and alcohol  Isolation  Bullying and/or harassment  Communication barriers  **Biological**  Animal or insect bite  Riding or handling  Zoonosis  Infectious agents  Needle-stick / sharps  Bodily fluids  Contaminated waste  **Mechanical**  Traffic  Driving  Forklifts, Cranes etc.  Rotating / moving parts  Crushing  Shearing, cutting, stabbing  Vibration  **Environmental**  Air emissions  Release to stormwater  Chemical spill  Soil/groundwater contamination  Asbestos  Radioactive waste  Waste disposal | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **CONSEQUENCE** | | | | | | ***LIKELIHOOD*** | **Negligible** | **Minor** | **Medium** | **Major** | **Severe** | | ***Almost Certain*** | **9** Medium | **15** High | **18** High | **23 Critical** | **25 Critical** | | ***Likely*** | **7** Low | **12** Medium | **17** High | **20** High | **24** **Critical** | | ***Possible*** | **4** Low | **10** Medium | **13** Medium | **19** High | **22** High | | ***Unlikely*** | **2** Very low | **5** Low | **11** Medium | **14** Medium | **21** High | | ***Rare*** | **1** Very low | **3** Very low | **6** Low | **8** Low | **16** Medium |  |  |  | | --- | --- | | Likelihood description | | | Almost certain | Expected to occur in most circumstances. | | Likely | Can be expected to occur several times in the life of the particular work practice. | | **Possible** | Might occur occasionally in the life of the particular work practice. | | **Unlikely** | Not likely to occur, but could happen at some time. | | **Rare** | May happen but only in exceptional circumstances. | | **Consequence description** | | | **Severe** | Fatality and/or severe injury resulting in amputation or life support. | | **Major** | Hospital admission, and / or long periods off work and/or permanent impairment. | | **Medium** | Injury/illness requiring minor medical treatment, short duration lost time. | | **Minor** | First Aid treatment only. No lost time. | | **Negligible** | Does not require first aid. Minor discomfort. | | | | | |
|  | | | | |

**Risk Assessment**

| Activity / Situation / Location | Hazards | Risk Score | Controls | New Score |
| --- | --- | --- | --- | --- |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |



Onsite Measurement Record 2

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Site 1 | | | Site 2 | | | Site 3 | | |
| Location |  | | |  | | |  | | |
| Measurements required |  | | |  | | |  | | |
| Environmental conditions |  | | |  | | |  | | |
| Checklist completed | Yes  No | | | Yes  No | | | Yes  No | | |
| Transport arranged | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Transport type (circle) | Walk / drive/ boat | | | Walk / drive/ boat | | | Walk / drive/ boat | | |
|  | 1 | 2 | Ave | 1 | 2 | Ave | 1 | 2 | Ave |
| pH |  |  |  |  |  |  |  |  |  |
| Electrical conductivity |  |  |  |  |  |  |  |  |  |
| Wind speed |  |  |  |  |  |  |  |  |  |
| Atypical value/Action taken |  | | |  | | |  | | |
| Site returned to operation/secured | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Equipment cleaned/ decontaminated | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Wastes minimised | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Checklist completed | Yes  No | | | Yes  No | | | Yes  No | | |
| Equipment returned and stored appropriately | Yes  No | | | Yes  No | | | Yes  No | | |
| Comments: (You should note here any equipment problems, outliers, incident, overview of site if necessary |  | | |  | | |  | | |
| Technician:  *All information contained on this sheet is confidential and available only to authorised representatives of AllSci* | | | | | | | | | |

**Job Safety & Environment Analysis Demonstration 1 Occurrence 3**

**Activity/ Task:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conducted by:** **In Consultation with:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D**ate Conducted:**

**Reviewed by**: **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date Reviewed:**

**Reason for this risk assessment**– *refer to the* [*Procedure for WHS Risk Management*](https://staff.tafensw.edu.au/employee-essentials/work-health-and-safety/policies-and-procedures/)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace Change  Work task / activity  New building/ facility | | Procure new plant  Commission new plant  Decommission plant | | | | New chemical or storage  Maintenance activity  Lease or contract | | | Staff work travel  Remote or lone working  Public event | Student excursion  Student off-site activity  Student work placement | | Other *(specify)* - | |
| **RISK ASSESSMENT SUMMARY** | | | | | | | | | | | | | |
| **Plant / vehicles / substances involved** | | | | **licenses / permits**  Driver’s licence  High Risk Work License  Plant operators license  Work at heights  Confined space entry permit  Hot work / permit to work  Other - | | | *What are the top 5 risks for this activity / task?*  1.  2.  3.  4.  5. | | | | *What are the top 5 safety controls?*  1.  2.  3.  4.  5. | | |
| **Required Protective Clothing and PPE** | | | | | | | **Other documents needed to manage the risks** | | | |  | | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Eye.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Foot.jpg | | **T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Head.jpg** | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hearing.jpg | | *e.g. Procedure / SOP / work instruction, safety data sheet (SDS), inspection checklists, health declarations etc* | | | | | | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Protective clothing.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Respiratory.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Apron.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hand.jpg | | **Arrangements for First Aid and Emergencies** | | | | | | |
| **Other** *(specify) -* | | | | | | |
| HAZARD CHECKLIST | | | | | | | | RISK ASSESSMENT MATRIX | | | | |
| **Environment**  Weather  Hot or cold conditions  Air quality  Noise  UV exposure  Slip/trip hazards  Drowning  **Substances**  Hazardous chemicals  Explosives  Flammable substances  Toxic substances/ pesticides  Inhalable / respirable dust  Exhaust or other fumes  **Physical**  Pressure  Stored energy – mechanical  Stored energy - electrical  Stored energy – chemical  Confined spaces  Fall from height  Manual tasks / ergonomic  **Electrical**  Overhead power lines  Underground power lines  Arc welding  Power tools / leads  Electrical work  Portable power generators  Wet environments | | | | **Psychological and Social**  Stress  Fatigue  Violence / aggression  Drugs and alcohol  Isolation  Bullying and/or harassment  Communication barriers  **Biological**  Animal or insect bite  Riding or handling  Zoonosis  Infectious agents  Needle-stick / sharps  Bodily fluids  Contaminated waste  **Mechanical**  Traffic  Driving  Forklifts, Cranes etc.  Rotating / moving parts  Crushing  Shearing, cutting, stabbing  Vibration  **Environmental**  Air emissions  Release to stormwater  Chemical spill  Soil/groundwater contamination  Asbestos  Radioactive waste  Waste disposal | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **CONSEQUENCE** | | | | | | ***LIKELIHOOD*** | **Negligible** | **Minor** | **Medium** | **Major** | **Severe** | | ***Almost Certain*** | **9** Medium | **15** High | **18** High | **23 Critical** | **25 Critical** | | ***Likely*** | **7** Low | **12** Medium | **17** High | **20** High | **24** **Critical** | | ***Possible*** | **4** Low | **10** Medium | **13** Medium | **19** High | **22** High | | ***Unlikely*** | **2** Very low | **5** Low | **11** Medium | **14** Medium | **21** High | | ***Rare*** | **1** Very low | **3** Very low | **6** Low | **8** Low | **16** Medium |  |  |  | | --- | --- | | Likelihood description | | | Almost certain | Expected to occur in most circumstances. | | Likely | Can be expected to occur several times in the life of the particular work practice. | | **Possible** | Might occur occasionally in the life of the particular work practice. | | **Unlikely** | Not likely to occur, but could happen at some time. | | **Rare** | May happen but only in exceptional circumstances. | | **Consequence description** | | | **Severe** | Fatality and/or severe injury resulting in amputation or life support. | | **Major** | Hospital admission, and / or long periods off work and/or permanent impairment. | | **Medium** | Injury/illness requiring minor medical treatment, short duration lost time. | | **Minor** | First Aid treatment only. No lost time. | | **Negligible** | Does not require first aid. Minor discomfort. | | | | | |
|  | | | | |

**Risk Assessment**

| Activity / Situation / Location | Hazards | Risk Score | Controls | New Score |
| --- | --- | --- | --- | --- |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |



Onsite Measurement Record 3

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Site 1 | | | Site 2 | | | Site 3 | | |
| Location |  | | |  | | |  | | |
| Measurements required |  | | |  | | |  | | |
| Environmental conditions |  | | |  | | |  | | |
| Checklist completed | Yes  No | | | Yes  No | | | Yes  No | | |
| Transport arranged | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Transport type (circle) | Walk / drive/ boat | | | Walk / drive/ boat | | | Walk / drive/ boat | | |
|  | 1 | 2 | Ave | 1 | 2 | Ave | 1 | 2 | Ave |
| 1. pH |  |  |  |  |  |  |  |  |  |
| 1. Electrical conductivity |  |  |  |  |  |  |  |  |  |
| 1. Wind speed |  |  |  |  |  |  |  |  |  |
| Atypical value/Action taken |  | | |  | | |  | | |
| Site returned to operation/secured | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Equipment cleaned/ decontaminated | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Wastes minimised | Yes  No  NA | | | Yes  No  NA | | | Yes  No  NA | | |
| Checklist completed | Yes  No | | | Yes  No | | | Yes  No | | |
| Equipment returned and stored appropriately | Yes  No | | | Yes  No | | | Yes  No | | |
| Comments: (You should note here any equipment problems, outliers, incident, overview of site if necessary |  | | |  | | |  | | |
| Technician Signature:  *All information contained on this sheet is confidential and available only to authorised representatives of AllSci* | | | | | | | | | |

## Part 2: Observation Checklist

The Observation Checklist will be used by your assessor to mark your performance in the demonstrations. Use this Checklist to understand what skills you need to demonstrate in the demonstrations. The Checklist lists the assessment criteria used to determine whether you have successfully completed this assessment event. All the criteria must be met. Your demonstration will be used as part of the overall evidence requirements of the unit. The assessor may ask questions while the demonstration is taking place or if appropriate directly after the task/activity has been completed.

Table 2 Observation Checklist

| Demo | Task/Activity Performed | Occurrence 1  Date: …………… | | Occurrence 2  Date: ……………. | | Occurrence 3  Date: ……………… | | Assessor Comments (Describe the student’s ability in demonstrating the required skills and knowledge)  The Assessment will be stopped for any breach of safety. |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S | US | S | US | S | US |
|  | Student: | | | | | | | |
| 1 | Maintain a safe work environment | | | | | | | |
| 1. Completes a JSEA for the onsite measurements for each occasion |  |  |  |  |  |  |  |
| 1. Minimises environmental impacts throughout the task |  |  |  |  |  |  |  |
| 1. Controls generation of wastes |  |  |  |  |  |  |  |
| 1. Disposes of wastes according to workplace procedures |  |  |  |  |  |  |  |
| 2 | Prepares for measurements (Recording all applicable information on the Onsite Measurement Record) | | | | | | | |
| 1. Confirms the test measurements required |  |  |  |  |  |  |  |
| 1. Confirms the location for test measurements, site access and transport required |  |  |  |  |  |  |  |
| 1. Uses field checklist to assemble and check equipment for the onsite measurements |  |  |  |  |  |  |  |
| 1. Safely stows assembled equipment for travel |  |  |  |  |  |  |  |
| 3 | Perform measurements (Recording all applicable information on the Onsite Measurement Record) | | | | | | | |
| 1. Locates measurement points ensuring safe access to site as indicated in JSEA |  |  |  |  |  |  |  |
| 1. Operates equipment for the three tasks (A, B, C) required following laboratory and manufacturer procedures |  |  |  |  |  |  |  |
| 1. Makes at least duplicate readings at each of the allocated sites |  |  |  |  |  |  |  |
| 1. Records data neatly and legibly, noting obvious errors or atypical results if present |  |  |  |  |  |  |  |
| 1. Repeats measurement if atypical data or error is obvious |  |  |  |  |  |  |  |
| 1. Secures site at the end of measurements |  |  |  |  |  |  |  |
| 4 | Finalise measurements | | | | | | | |
| 1. Cleans equipment on site where appropriate |  |  |  |  |  |  |  |
| 1. Checks all equipment back and stow ready for transport |  |  |  |  |  |  |  |
| 1. Stores equipment on return in working order |  |  |  |  |  |  |  |

## Part 3: Assessment Feedback

*NOTE: This section* ***must*** *have the assessor signature and student signature to complete the feedback.*

### Assessment outcome

Satisfactory

Unsatisfactory

### Assessor Feedback

Was the assessment event successfully completed?

If no, was the resubmission/re-assessment successfully completed?

Was reasonable adjustment in place for this assessment event?  
*If yes, ensure it is detailed on the assessment document.*

Comments:

### Assessor name, signature and date:

### Student acknowledgement of assessment outcome

Would you like to make any comments about this assessment?

### Student name, signature and date

***NOTE: Make sure you have written your name at the bottom of each page of your submission before attaching the cover sheet and submitting to your assessor for marking.***