

LITTER CLEAN-UP RISK ASSESSMENT

This form should be completed by the Clean-Up Coordinator before the start of any litter collection.

Use this form to help identify and control potential risks when undertaking a visual inspection of your intended clean-up site.

Use the Risk Matrix at the end of this form to rate the Risk level of your activity & site.

Please notify Council if any incidents occur.

Potential Hazards and Site Specific Hazards

Check whether these hazards exist at this site or add further hazards below.

Site Specific Description

Does the hazard exist here (Yes/No)?

Details and Risk Control Measures

List the details of any hazards identified and control measures required to eliminate or minimise the risk of injury arising from the identified hazard.

Risk Rating (Low, Medium, High, Extreme)

Rate the risk based on the likelihood and consequences of the potential hazard once controls are in place

EXAMPLE

<p>Are the creek/river banks eroded, overhanging or unstable?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Creek beds are crumbling at the water's edge.</p> <p>Will instruct participants to only collect litter 2 meters from the water's edge.</p> <p>Will place a spotter in the area to ensure anyone who goes near the water's edge is prevented from doing so.</p>	<p><input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high</p>
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Potential Hazards and Site Specific Hazards	Site Specific Description	Details and Risk Control Measures	Risk Rating (Low, Medium, High, Extreme)
Parking & Traffic			
Is there enough parking space for vehicles?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Is there adequate parking facilities for people with disabilities?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Is there adequate access for emergency services vehicles?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Is there enough space between the clean-up area and any roadways and footpath access?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Set-up space & amenities			
Is there space for unloading and handling clean-up equipment?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Does equipment need to be carried far from the car?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Sufficient toilets and hand washing facilities for expected number of participants.	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high

Potential Hazards and Site Specific Hazards	Site Specific Description	Details and Risk Control Measures	Risk Rating (Low, Medium, High, Extreme)
Adequate amenities provision for people with disabilities	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Is there protection from the elements at the site?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high

Slips, Trips, Falls & Safety

Public or private land - are there likely to be hazards with access, stock, dogs or people?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Are path surfaces uneven, slippery or pose a trip hazard? Especially when wet?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Is there long grass or thick scrub to walk through?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Is the site in a high bushfire danger area?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high

Terrain

Are the creek/river banks eroded, overhanging or unstable?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
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Potential Hazards and Site Specific Hazards	Site Specific Description	Details and Risk Control Measures	Risk Rating (Low, Medium, High, Extreme)
Are there steep slopes, cliffs or are creek/river banks steep?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Is there a high danger of drowning due to depth of the creek/river?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high

Weather

What is the weather forecast? Australian Bureau of Meteorology website: http://www.bom.gov.au/	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Are there adequate shade areas or will a marquee be needed?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Sunscreen is available	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Water is available	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
First aid is available	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high

Potential Hazards and Site Specific Hazards	Site Specific Description	Details and Risk Control Measures	Risk Rating (Low, Medium, High, Extreme)
Emergency planning			
Emergency Services contacts are available	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Waste management			
Will a rubbish collection need to be booked?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Are there large bulky items that will need to be reported to council?	<input type="checkbox"/> yes <input type="checkbox"/> no	Report these items to the City of Onkaparinga at https://www.onkaparingacity.com/Council/Contact-us or call 8384 0666	<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Are there syringes, batteries, asbestos or miscellaneous objects that could pose a hazard to health?	<input type="checkbox"/> yes <input type="checkbox"/> no	Isolate or move the activity away from this area. Report these items to the City of Onkaparinga at https://www.onkaparingacity.com/Council/Contact-us or call 8384 0666	<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
Additional risks identified			
	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high
	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/> very high

Risk Matrix

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	High	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Likelihood	Likelihood of occurrence	
	Operations	Projects
Almost certain	Expected to occur again, immediately or within a short period – likely to occur most weeks or months.	Could be expected to occur more than once during the study or project delivery (over 75% probability)
Likely	Will probably occur in most circumstances – several times a year.	Could easily be incurred and has generally occurred in similar studies or projects (probability between 50%-75%)
Possible	Could be incurred within a one – two year period.	Incurred in a minority of similar studies or projects (probability between 25%-50%)
Unlikely	Could be incurred in a two – five year time frame.	Known to happen, but only rarely (probability between 0%-24%)
Rare	May occur in exceptional circumstances. Could be incurred in a 5-30-year timeframe.	Has not occurred in similar studies or projects. Conceivable but in extreme circumstances (probability close to zero)