

**Part 1**

## Worksite risk assessment summary

Required for work placements assessed by the school as higher risk

School representative to complete this form with the work placement provider in the workplace. This form is valid for 3 years only (if the student placement is comparable). Review subsequent student placements (via telephone, email or post) by using Part 2 of this form.

**Work placement provider:**

**Work site address:**

**Completed by (school representative):**

**In consultation with (work placement provider representative):**

**Date:**

Identify the hazards	What can be done to minimise the risk of harm (Apply <a href="#">hierarchy of controls</a> ) *Refer Definitions 2.8	How will this hazard be monitored? Who will be responsible for monitoring?



## Part 2

Complete the following section prior to the placement of a new student if there are changes to the worksite hazards identified in Part 1 of this form.

Review hazard/risk assessment if circumstances change at the work placement provider.

Completed by (name):

Signature:

Date:

In consultation with (name):

Signature:

Date:

Date of completion of Part 1 of this form:

New hazard identified	What can be done to minimise the risk of harm? (Apply <a href="#">hierarchy of controls</a> )	How will this hazard be monitored? Who will be responsible for monitoring?