RESTRICTED AREA ASSESSMENT

GENERAL DETAILS

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<th>Campus:</th>
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Building/Area: __________________________ Person(s) completing assessment: __________________________

Date: __________________________

Unit controlling restricted area:

RESTRICTED AREA - What classification does the restricted area fall under?

- [ ] Communications (T)
- [ ] Communications (D)
- [x] Main switchboard
- [x] Distribution board
- [ ] Lift motor room
- [x] General storeroom
- [ ] Cleaners storeroom
- [ ] Gas storeroom
- [ ] Plant room
- [x] Laboratory
- [ ] Loading bay
- [x] Roof
- [ ] Other (please specify): __________________________

Brief description of area: __________________________

Building locations (if multiple locations):

HAZARDS - What hazards are present in this restricted area?

- [ ] Working at heights
- [ ] Electrical
- [ ] Hot work
- [ ] Noise
- [ ] Plant and equipment
- [ ] Vibration
- [ ] Radiation
- [ ] Dangerous goods
- [ ] Hazardous substances
- [ ] Biological
- [ ] Laser
- [ ] Confined space
- [ ] Other (please specify): __________________________

RISK

- [ ] Extreme
- [ ] High
- [ ] Medium
- [ ] Low
- [ ] Negligible

CURRENT ACCESS CONTROLS - What are the current controls that restrict access to this area?

- [ ] Swipe card
- [ ] Lock and key
- [ ] Sign-on sheet
- [ ] Access procedure
- [ ] CCTV surveillance
- [ ] Signage
- [ ] Barriers
- [ ] Sensor/Alarm
- [ ] Other (please specify): __________________________

ADDITIONAL ACCESS CONTROLS - Are there further controls required to make the area safe?

WHS Unit only

Database registration number: __________________________