



# Standing Order

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## Risk Assessment – Training Venues

### Purpose

The purpose of this Standing Order is to outline requirements for conducting a risk assessment of training venues prior to conducting training (including exercises).

### Application

This Standing Order applies to all Queensland Fire and Rescue Service (QFRS) operational staff (permanent, auxiliary and rural); Managers, Regional Training; and Regional Organisational Health Advisors.

### Policy

Prior to conducting training and/or operational exercises, a risk assessment of the venue must be performed to ensure all hazards are identified, the risks are assessed and eliminated or managed to ensure the safety of staff and the public.

### Procedures

Wherever practical, training should be conducted at an approved QFRS training site – i.e. one that has had a risk assessment carried out and is determined to be appropriate for the training purpose.

In the selection of suitable venues for training and/or operational exercises, the Training Coordinator must:

1. Obtain permission from the owner/occupier for the use of the proposed venue.
2. If using a Training Venue for the *first time*, Coordinating Officer to conduct a site inspection and complete a risk assessment using *Risk Assessment Checklist - Training Venues (Form PD 056 - attached)*. The person conducting the risk assessment must sign and date the form.

If using a Training Venue which has *already been risk assessed*, you DO NOT need to complete another Risk Assessment Checklist. Simply re-inspect the training venue, compare with previous risk assessment and update if necessary – sign and date Risk Assessment Review Section of Form PD 056.

The Regional Organisational Health Officer (ROHA) may be consulted, if required.

3. Provide a copy of the completed *Risk Assessment Checklist - Training Venue Form* to the relevant Area Director and Training Manager.

4. If a hazard has been identified, advise the owner/occupier of the venue and implement risk minimisation strategies prior to commencement of any training.
5. File information for future use and update list of approved venues.
6. The risk assessment must be carried out, and then updated (if required), each time training is conducted at that site.
7. Where the risks relating to the venue cannot be managed, the training is not to proceed.
8. Complete training as per TSWL Business Rule and Station Template C2.2 – Coordinate Operational Exercises.

## Superseded Documents

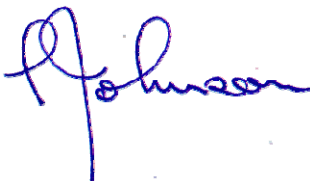
This is a new Standing Order.

## Relevant Legislation, Standards and Guidelines

*Workplace Health and Safety Act 1995*  
*Workplace Health and Safety (Risk Management) Code of Practice 2000*  
AS/NZS 4360:2004 – Risk Assessment

## Associated Documents

- TSWL Business Rule C2.2 – Coordinate Operational Exercises
- Form PD 046 – Training Exercise Planning Sheet
- Form PD 056 – Risk Assessment – Training Venue (attached)
- Rural Business Rule CR2.3 – Plan and Manage Operational Exercises
- DES Hazard Identification, Risk Assessment and Control Procedure (OH/C16.1 – Organisation Health)



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**Commissioner**



## Risk Assessment Checklist – Training Venues

ORIGINAL TRAINING VENUE RISK ASSESSMENT		Date:	
Coordinating Officer	NAME:	CONTACT:	
Regional Organisational Health Officer (ROHA) NAME: <i>(if required for advice or assistance with the assessment)</i>		CONTACT:	
<b>DETAILS OF VENUE:</b> <i>(Location, type of venue, area etc)</i>			
Requirements	YES	NO	N/A
- Has approval been given to use the site?			
- Is the site on the QFRS Building Risk Register (SMS)?			
- Have you accessed the Site Risk Register (from owner/occupier)?			
<b>IS ACCESS TO SITE:</b>			
- Clear and Unobstructed?			
- Available to other Services e.g. QAS etc?			
- Requires Traffic Control?			
<b>ARE BARRIERS REQUIRED:</b>			
- Tape			
- Bollards			
- Temporary Fencing			
Is Safety Signage required?			
<b>ON – SITE HAZARDS:</b>			
<b>Where a hazard is identified:</b>			
- Determine the risk level using the attached Risk Score Sheet			
- Record the hazard on the attached Risk Management Strategies Form			
- Record and action strategies to be taken to avoid the risk			
Potential Risks	YES	NO	RISK LEVEL
Is there risk from falls from a height? <i>(e.g. rails, stairs present and in good condition)</i>			
Is there risk from falls on the same level (including trips and slips)? <i>(e.g. uneven ground, loose material – rocks, bricks, soil, bolts, hatch tops)</i>			
Is there a risk from hitting objects with a part of the body? <i>(e.g. sharp objects – needles, glass, wire etc OR protrusions in walls, doorways, stairs)</i>			
Is there risk from being hit by moving objects?			
Is there a risk from contact with electricity?			
Is there a risk from hazardous substances?			
Is a Chemical Manifest available and up to date?			
Are there large quantities on substances on site? <i>(e.g. ammonia for refrigeration)</i>			

Potential Risks	YES	NO	RISK LEVEL
Are Bio Hazards present? (e.g. hospitals, nursing home, vet surgery)			
Is there risk of exposure to radiation? ( e.g. microwaves)			
Is the Premises Asbestos Register available?			
Is asbestos present?			
If asbestos is present, is it sealed and intact?			
Are there gas cylinders on site?			
Are the gas cylinders stable and chained up?			
Is there a risk from Vermin, Insects and Snakes?			
Is there risk from exposure to extreme cold?			
Is there risk from exposure to extreme heat?			
Is there risk of exposure to variations in pressure? (other than sound)			
Is there a risk associated with plant and equipment?			
Are there risks associated with Restricted / Confined spaces?			
Is there risk from slide or cave-in?			
Is there risk from ground stabilisation?			
Is there risk from overhead hazards?			
<b>ATMOSPHERIC TESTING:</b>			
Is there risk from			
- Oxygen – low/high levels			
- Flammable - high			
- Explosive atmosphere - gas			
- Explosive atmosphere (e.g. dusts/grains /flour)			
<b>ANY OTHER RISKS?</b>			
<b>PLEASE RECORD RISK MANAGEMENT STRATEGIES OVER PAGE</b>			
<b>PERSON COMPLETING THE RISK ASSESSMENT (Name/s):</b> _____			
<b>Signed:</b> _____		<b>Date:</b> _____	
<b>NOTED</b>			
<b>AREA DIRECTOR (Name):</b> _____		<b>Signed:</b> _____	
<b>Date:</b> _____			
<b>TRAINING MANAGER (Name):</b> _____			



# Risk Score

(Derived from AS/NZS 4360:2004 – Risk Management)

<b>Risk Assessment:</b>					
(The risk score is determined by both the person(s) identifying the risk and the responsible supervisor/manager. Risk Score = Consequence X Likelihood)					
Likelihood	Consequences				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5
Consequence score		<b>X</b>	Likelihood score		<b>= Risk Score</b>
<b>Risk Score = Consequence X likelihood</b>		<b>Suggested control/treatment strategies to guide risk treatment decisions</b>			
Risk score of ≤ 5 = low risk	▶	Implement controls within a reasonable timeframe; modify work until risk is controlled			
Risk score of 7 - 9 = moderate risk	▶	Implement controls as soon as possible; modify/cease work until the risk is controlled			
Risk score of 10 - 19 = high risk	▶	Implement controls within 24 hours – modify or cease work until risk is controlled			
Risk score of ≥ 20 = very high risk	▶	Implement controls immediately – do not begin work until controls are in place			

## Definitions for above risk matrix

Likelihood	Consequences
<p><b>5 Almost certain</b> The event will occur on an annual basis</p> <p><b>4 Likely</b> The event has occurred several times or more in your career</p> <p><b>3 Possible</b> The event might occur once in your career</p> <p><b>2 Unlikely</b> The event does occur somewhere from time to time</p> <p><b>1 Rare</b> Heard of something like the occurring elsewhere</p>	<p><b>1 Insignificant</b> - no medical treatment required</p> <p><b>2 Minor</b> - objective but reversible disability requiring hospitalization</p> <p><b>3 Moderate</b> - moderate irreversible disability or impairment (&lt;30%) to one or more persons</p> <p><b>4 Major</b> - single fatality and/or severe irreversible disability (&gt;30%) to one or more persons</p> <p><b>5 Catastrophic</b> - multiple fatalities, or significant irreversible effects to &gt;50 persons</p>

