RISK ASSESSMENT WORKSHEET

Job Title: _____
Assessment Date: _____
Conducted By: _____

Task or Activity	Type of Fluid Check (T) where applicable		Type of Event Check (T) where applicable				Contact				Exposure Controls		
							Risk	Frequency	Duration	Volume	Engineering	Work Practice	PPE
	Blood	Body Fluids	Needle / Sharp	Bite	Splash	Skino	Low = L Mod. = M High = H	Regular = Rg Occasional = O Rare = R	Long (Hrs) = Hr Short (Min) = M	Few Drops = D More than a few Drops = MD	Recommended 5 Implement ; Y/N Procedure Y/N	Recommended5 Implemented ; Y/N Procedure Y/N	Recommended 5 Implemented; Y/N Procedure Y/N
ie. Handling Garbage	T		T				M	Rg	S	F	Strong bags Implemented = N Procedure = Y	Pick up from top Implemented = Y Procedure = Y	HSKP gloves Implemented = Y Procedure = Y

o Skin Contact : intact skin contact is generally a good barrier and is not normally considered to be a risk for blood-borne pathogen transmission
5 Recommended : engineering, work practice controls or personal protective equipment (PPE) that should be in place and are practicable or reasonably available
; Implemented : engineering, work practice controls or personal protective equipment (PPE) that are already in place