**WHS ACTIVITY** Consultation Record

This form is to be completed by Workers at (insert org name) when consulting about risks associated with collaborative activities.   
It serves as a record of WHS consultation and must be completed before the activity/event is undertaken.   
A new form is required for every risk identified.

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| --- | --- |
| EVENT/ACTIVITY: | LOCATION OF ACTIVITY: |
| DATE OF EVENT/ACTIVITY: | ORGANISATION/S INVOLVED: |

WORKER NAMES AND ORGANISATION PARTICIPATING IN THIS CONSULTATION:

|  |  |
| --- | --- |
| Name: | Organisation: |
| Name: | Organisation: |
| Name: | Organisation: |
| Name: | Organisation: |
| Date of this Consultation: | |

HAVE RISKS/SAFETY MATTERS BEEN IDENTIFIED FOR THIS ACTIVITY? **YES / NO**

If Yes, please complete the assessment below.

If No, sign off below and keep a record of this Risk Assessment.

RISK ASSESSMENT

The safety matter identification is: (eg hazards, possible risk from activities, poor lighting or heating, food safety).

Who is responsible for eliminating/decreasing the matters/risks?

By when? DATE:

Other relevant notes

SIGN OFF WHEN COMPLETE

|  |  |
| --- | --- |
| WORKER NAME: | WORKER SIGNATURE: |
| DATE RISK ASSESSMENT COMPLETED: | |