

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.

EVENT/ACTIVITY: LOCATION OF ACTIVITY:
DATE OF EVENT/ACTIVITY: / / 20 ORGANISATION/S INVOLVED:

WORKER NAMES AND ORGANISATION PARTICIPATING IN THIS CONSULTATION:

NAME: ORGANISATION:
NAME: ORGANISATION:
NAME: ORGANISATION:
NAME: ORGANISATION:
DATE OF THIS CONSULTATION: / / 20

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

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

..... By when? DATE: / / 20

Other relevant notes:
.....

SIGN OFF WHEN COMPLETE

WORKER NAME: WORKER SIGNATURE:
DATE RISK ASSESSMENT COMPLETED: / / 20