



WHS UNIT

RESTRICTED AREA ASSESSMENT

GENERAL DETAILS

- Campus:
- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Wollongong | <input type="checkbox"/> Shoalhaven | <input type="checkbox"/> Innovation Campus |
| <input type="checkbox"/> Sydney Business School | <input type="checkbox"/> Campus East | <input type="checkbox"/> International House |
| <input type="checkbox"/> Weerona College | <input type="checkbox"/> Keiraview | <input type="checkbox"/> Moss Vale |
| <input type="checkbox"/> Batemans Bay | <input type="checkbox"/> Bega | <input type="checkbox"/> Loftus |
| <input type="checkbox"/> Marketview | <input type="checkbox"/> Kooloobong | |

Building/Area: _____ Person(s) completing assessment: _____

Date: _____ Unit controlling restricted area: _____

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Communications (T) | <input type="checkbox"/> Communications (D) | <input type="checkbox"/> Main switchboard | <input type="checkbox"/> Distribution board |
| <input type="checkbox"/> Lift motor room | <input type="checkbox"/> General storeroom | <input type="checkbox"/> Cleaners storeroom | <input type="checkbox"/> Gas storeroom |
| <input type="checkbox"/> Plant room | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Loading bay | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Other (please specify): _____ | | | |

Brief description of area: _____

Building locations (if multiple locations): _____

HAZARDS - What hazards are present in this restricted area?

- | | | | |
|--|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Working at heights | <input type="checkbox"/> Electrical | <input type="checkbox"/> Hot work | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Plant and equipment | <input type="checkbox"/> Vibration | <input type="checkbox"/> Radiation | <input type="checkbox"/> Dangerous goods |
| <input type="checkbox"/> Hazardous substances | <input type="checkbox"/> Biological | <input type="checkbox"/> Laser | <input type="checkbox"/> Confined space |
| <input type="checkbox"/> Other (please specify): _____ | | | |

RISK

- Extreme High Medium Low Negligible

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

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Swipe card | <input type="checkbox"/> Lock and key | <input type="checkbox"/> Sign-on sheet | <input type="checkbox"/> Access procedure |
| <input type="checkbox"/> CCTV surveillance | <input type="checkbox"/> Signage | <input type="checkbox"/> Barriers | <input type="checkbox"/> Sensor/Alarm |
| <input type="checkbox"/> Other (please specify): _____ | | | |

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

WHS Unit only _____ Database registration number: _____