

OHS Risk management plan - School excursions to Lithgow State Mine Heritage Park & Railway				
Risk assessment prepared by: Ray Christison, Secretary Date: 24 September 2004				
Hazard/Risk Identification (type/cause)	Priority (severity & likelihood)	Risk Management Plan – Elimination or Control Measures (Elimination Substitution Isolation Engineering Procedural PPE)		
		Who	When	
Trips or falls when alighting from or boarding buses or other vehicles.	moderate	Persons alighting from vehicles to be supervised by teachers and instructed to exercise caution.	Excursion coordinator	On arrival/departure
Trips or falls when walking around site.	moderate	Tour guides to make all visitors aware of trip hazards. (refer State Mine Tour Guide Safety Instructions)	State Mine tour guides	At all times during excursion
Persons injured by working machinery or work activities.	low	Tour guides to avoid areas in which work is being undertaken. (refer State Mine Tour Guide Safety Instructions)	State Mine tour guides	At all times during excursion
Persons struck by embers during blacksmithing demonstrations.	moderate	Barriers to be erected at least 2.5 metres from active forges and anvils.	Blacksmith	At all times during excursion
Persons struck by embers whilst participating in blacksmithing demonstrations.	moderate	Participants to wear appropriate PPE, including safety glasses, gloves and leather coat	Blacksmith	When participating in demonstrations
Persons injured during myne truck ride.	moderate	Myne truck driver to instruct all passengers on the safe operation of the vehicle and ensure that all passengers are seated for the ride. Tour guide to supervise passengers during the ride.	Myne truck driver/tour guide	During myne truck rides
Persons falling in open excavations or in-ground structures.	significant	All excavations and in-ground structures permanently fenced and tour participants instructed to keep clear.	Board of management/ tour guides	At all times during excursion
Person responsible: _____		Date: / /		Risk management plan communicated to: _____
Monitor and Review				
<ul style="list-style-type: none"> • Were the controls effective? • Were all those involved aware of the controls? • Were new hazards identified? • What further actions are required to ensure safe operations? 		Signature: Review Date: / /	Who	When