

WORK EXPERIENCE RISK ASSESSMENT FORM

Department:		Section:		Location:	
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Activity/Process	Location of Activity/Process	Student Name	School	Age

Hazards involved with Activity/Process	Existing Safety Measures/Controls	Score See Table Below	Additional controls required	Responsibility (Name)	Signature on Completion
		X =			
				Target Date	Completion Date
				New Score	X =
		X =			
				Target Date	Completion Date
				New Score	X =
		X =			
				Target Date	Completion Date
				New Score	X =
		X =			
				Target Date	Completion Date
				New Score	X =

Date		Assessor		Signature		Managers Name & Signature		Date	
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Comments:

Assessment review date: (1 year from last review date unless process changes or other wise stated) (PTO)

Risk Rating		Action Bands	
Likelihood	Severity of Injury	Rating Band	Action
1 = Most Unlikely	1 = Trivial Injury	1 – 2 = Minimal Risk	Maintain Control Measures
2 = Unlikely	2 = Slight Injury	3 – 4 = Low Risk	Review Control Measures
3 = Likely	3 = Serious Injury	6 – 8 = Medium Risk	Improve Control Measures
4 = Most Likely	4 = Major Injury or Death	9 – 12 – 16 = High Risk	Improve Control Measures immediately / Consider stopping work

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		X =		New Score	X =
		X =		Target Date	Completion Date
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		X =		Target Date	Completion Date
		X =		New Score	X =
		X =		Target Date	Completion Date
		X =		New Score	X =

Additional Remarks: