

# RISK ASSESSMENT FORM

Department:		Section:		Location:	
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Activity/Process	Location of Activity/Process	Number of persons at risk	1	2- 5	6-10	10 +
		Employees				
		Others				

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 =
		X =			
				Target Date	Completion Date
				New Score	X =

<b>Risk Rating Model</b>	1 Trivial injury	2 Slight injury	3 Serious injury	4 Major injury or death
1 Most unlikely	<b>1 Minimal</b>	<b>2 Minimal</b>	<b>3 Low</b>	<b>4 Low</b>
2 Unlikely	<b>2 Minimal</b>	<b>4 Low</b>	<b>6 Medium</b>	<b>8 Medium</b>
3 Likely	<b>3 Low</b>	<b>6 Medium</b>	<b>9 High</b>	<b>12 High</b>
4 Most likely	<b>4 Low</b>	<b>8 Medium</b>	<b>12 High</b>	<b>16 High</b>

Rating Band	Action
1 – 2 = Minimal Risk	Maintain Control Measures
3 – 4 = Low Risk	Review Control Measures
6 – 8 = Medium Risk	Improve Control Measures
9 – 12 – 16 = High Risk	<b>Improve Control Measures immediately / Consider stopping work</b>

Date	Assessor	Signature	Managers Name & Signature	Date
Comments:				
Assessment review date: (1 year from last review date unless process changes or other wise stated)				

Review Date	Assessor	Signature	Date	Remarks

Additional Remarks:
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Continuation sheet

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