Example of a Risk Assessment form

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| Risk Assessment |
| Reference Number |  | Issue Number |  | Service |  |
| Activity |  |
| Summary of Control Measures | - |
| Hazard | Hazard effect | Severity | Likelihood | Risk | Control measures to minimize risk | Severity | Likelihood | Risk |
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| **Most Likely Severity: –**5 = Multiple deaths could be caused4 = One death or permanent disablement, or multiple major injuries could be caused.3 = Hazard capable of causing major injury (impairment lasting more than 1 month)2 = Hazard can cause equipmentdamage, illness or injury (with impairment lasting between 3 days and 1 month)1 = Hazard cannot result in serious injury or illness, unlikely to require more than minor first aid | **Likelihood / Probability:–**5 = Probably will occur in the next six months4 = Probably will occur in the next year 3 = Probably will occur in the next 5years2 = May occur in the next 5 years 1 = Unlikely to ever occur | **Degree of Residual Risk: –**16 – 25 High (Unacceptable. Task must not be carried out without additional controls)8 – 15 Medium (Task may need to be monitored1 – 7 Low |
| **Final assessment or comments** |  | **Overall Residual Risk XX** |

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| Is the overall risk acceptable |  | **Yes** |  | **No** | If **yes**, work can be commenced. If **no**, task must be re-evaluated. |
| Initial assessment by (Name) |  | Signature |  | Date |  |
| Assessment approved by |  | Signature |  | Date |  |
| Assessment review by |  | Signature |  | Date |  |

Assessment must be reviewed when there any changes to environment, procedures, equipment or new employees who may have different capability.

**Think Safe, Work Safe, Stay Safe**

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| **Risk Assessment Reference & Title** |  | **By signing below, you are confirming that you have read & understood this Risk Assessment, and you agree to follow the controls specified when completing the task.** |
| **Date** | **Name** | **Signature** | **Date** | **Name** | **Signature** |
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