

# RISK ASSESSMENT TEMPLATE

**RISK ASSESSMENT SCOPE:**

Risk Assessment Reference Number / Title:

Assessment location:	Assessment date:
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Persons Involved in Risk Assessment (Team)	Signature

Describe the activity/task/item/product:

Documents referenced (including manufacturers manuals, standards, codes of practice and any relevant legislation):


**RISK ASSESSMENT MATRIX:**

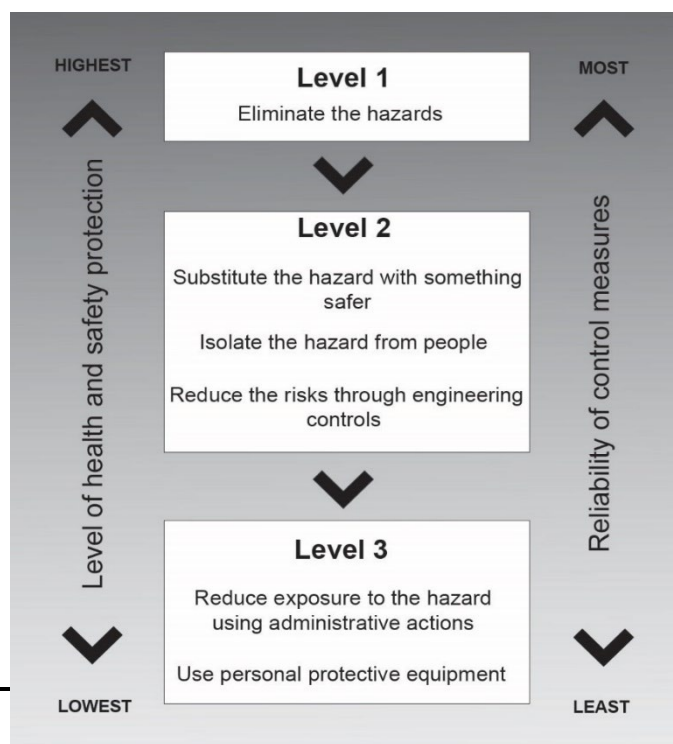
*(Use this table to determine the risk ratings)*

		Severity - Consequences				
		1	2	3	4	
		Kill or Disable	Serious injury - long term illness	Medical treatment - several days off	Minor first aid	
Probability - Likelihood	A	Very likely - could happen anytime	1A	2A	3A	4A
	B	Likely - could happen sometime	1B	2B	3B	4B
	C	Unlikely - could rarely happen	1C	2C	3C	4C
	D	Very unlikely - could happen, but probably never will	1D	2D	3D	4D

**HIERARCHY OF CONTROLS – TYPES OF RISK CONTROLS:**

*(Aim to implement the highest possible control type)*

Eliminate; Substitute; Isolate; Engineer; Administrative; PPE



<u>Haz no.</u>	<u>Hazard description</u> <i>(e.g. Wet floor with potential to cause injury from slips/trips/falls)</i>	<u>Current risk controls</u> <i>(e.g. mop the floor)</i>	<u>Initial risk rating</u> <i>(e.g. 3B)</i>	<u>Proposed risk controls</u> <i>(e.g. place wet floor hazard signage)</i>	<u>Type of risk control</u> <i>(Hierarchy of controls e.g. Administrative)</i>	<u>Residual risk rating</u> <i>(e.g. 3C)</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

**HAZARD IDENTIFICATION AND RISK ASSESSMENT:**

<u>Ref No.</u>	<u>Recommended Action</u>	<u>Responsible Person</u>	<u>Target Completion Date</u>	<u>Actual Completion Date</u>	<u>Completion Sign-Off</u>
<u>1</u>					
<u>2</u>					
<u>3</u>					
<u>4</u>					
<u>5</u>					
<u>6</u>					
<u>7</u>					

**RISK CONTROL PLAN (ACTIONS SUMMARY):**

*For each proposed risk control, provide a recommended action and allocate a responsible person and time frame in consultation with that person. Completion confirmation is required for each action.*

**REVIEW:**

Control measures have been reviewed and no further risks have been identified      Yes <input type="checkbox"/> No <input type="checkbox"/>		Are further reviews required? No <input type="checkbox"/> Yes <input type="checkbox"/> When:	
Reviewer name:		Reviewer signature:	
		Date:	
Record of subsequent reviews.			
Review date:	Reviewed by:	Description of any changes:	