

Example of a Risk Assessment form

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	
					-				
					-				
					-				
					-				
					-				
					-				
					-				

<p>Most Likely Severity: –</p> <p>5 = Multiple deaths could be caused</p> <p>4 = One death or permanent disablement, or multiple major injuries could be caused.</p> <p>3 = Hazard capable of causing major injury (impairment lasting more than 1 month)</p> <p>2 = Hazard can cause equipment damage, illness or injury (with impairment lasting between 3 days and 1 month)</p> <p>1 = Hazard cannot result in serious injury or illness, unlikely to require more than minor first aid</p>	<p>Likelihood / Probability:–</p> <p>5 = Probably will occur in the next six months</p> <p>4 = Probably will occur in the next year</p> <p>3 = Probably will occur in the next 5 years</p> <p>2 = May occur in the next 5 years</p> <p>1 = Unlikely to ever occur</p>	<p>Degree of Residual Risk: –</p> <p>16 – 25 High (Unacceptable. Task must not be carried out without additional controls)</p> <p>8 – 15 Medium (Task may need to be monitored)</p> <p>1 – 7 Low</p>
<p>Final assessment or comments</p>	<p>Overall Residual Risk</p> <p>XX</p>	

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

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