

Risk Assessment Template

Risk Assessment Scope

Risk Assessment Reference Number / Title	
Assessment location:	Assessment date:
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

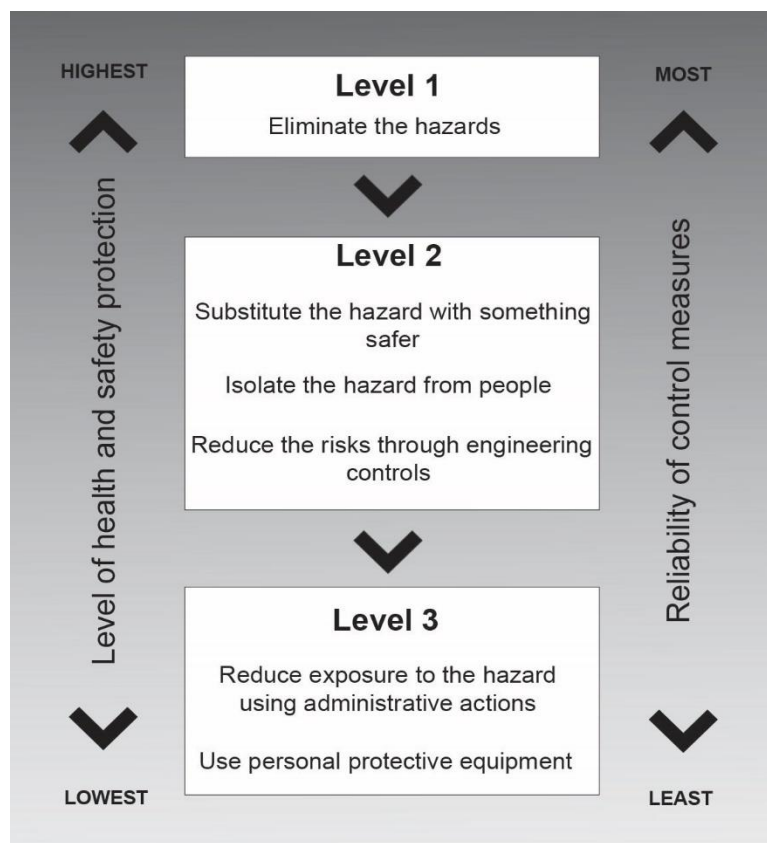
(Use this table to determine the risk ratings)

		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



Hazard Identification and Risk Assessment

Haz no.	Hazard description <i>(e.g. Wet floor with potential to cause injury from slips/trips/falls)</i>	Current risk controls <i>(e.g. mop the floor)</i>	Initial risk rating <i>(e.g. 3B)</i>	Proposed risk controls <i>(e.g. place wet floor hazard signage)</i>	Type of risk control <i>(Hierarchy of controls e.g. Administrative)</i>	Residual risk rating <i>(e.g. 3C)</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

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.

Ref no.	Recommended action	Responsible person	Target completion date	Actual completion date	Completion Sign-off
1					
2					
3					
4					
5					
6					
7					

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:	

