# Risk Assessment Form

**Hazard Identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please circle the most appropriate below)**

|  |  |  |
| --- | --- | --- |
| **Likelihood** | Very Likely | Could happen frequently |
|  | Likely | Could happen occasionally |
|  | Unlikely | Could happen, but rarely |
|  | Very Unlikely | Could happen, but probably never will |

|  |  |  |
| --- | --- | --- |
| **Consequence** | Extreme | Death, permanent disability |
| Major | Serious injury or serious work caused illness |
| Moderate | Moderate injury or illness requiring casualty treatment |
| Minor | Minor injury or illness requiring first aid only, no lost time |

**Risk Priority Chart**

|  |  |
| --- | --- |
| **Likelihood**How likely could it happen? | **Consequences: How severely could it hurt someone?** |
| **Extreme:**Death, permanent disablement | **Major:**Serious bodily injury or serious work-caused illness | **Moderate:** Moderate injury or illness requiring casualty treatment | **Minor:** Minor injury or illness requiring first aid only, no lost work time |
| **Very likely** - could happen frequently | 1 | 2 | 3 | 4 |
| **Likely** - could happen occasionally | 2 | 3 | 4 | 5 |
| **Unlikely** - could happen, but rare | 3 | 4 | 5 | 6 |
| **Very unlikely** - could happen, probably never will | 4 | 5 | 6 | 7 |

**Action Required**

The scores (1-7) in the risk priority chart indicate how important it is to do something about each action, as shown in the table below:

|  |  |
| --- | --- |
| **Score** | **Attention required** |
| 1, 2 or 3 | do something about these actions immediately |
| 4 or 5 | do something about these actions as soon as possible |
| 6 or 7 | these actions may not need immediate attention |

# Risk Management Plan

|  |  |
| --- | --- |
| **Company name:** | **Completed by:** |
| **Work area:** | **Date completed:** |
| **Hazard identification** |
| **Hazard:** |
|  |
| **Risk assessment** |
| **What harm could the hazard cause?** |  |
|  |
| **What is the likelihood of this happening** |  |
|  |
| **Persons at risk** |  |
| **Existing control measure** |  |
|  |
| **Consequence** |  |
| **Likelihood** |  |
| **Outcome** |  |
| **Control measures** |
| **Elimination** |  |
|  |
| **Substitution** |  |
|  |
| **Isolation** |  |
|  |
| **Engineering** |  |
|  |
| **Administrative or PPE** |  |
|  |
| **Preferred control option** |  |
|  |

|  |
| --- |
| **Implementation** |
| **Associated activities** | **Resources required** | **Person(s) responsible** | **Sign off and date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **REVIEW****Scheduled review date: / /**  |
| **Are the control measures in place?** |
|  |
| **Are the controls eliminating/minimising the risk?** |
|  |
| **Are there any new problems with the risk?** |
|  |