**RISK ASSESSMENT FORM**

|  |  |  |
| --- | --- | --- |
| **1. Department:** | **2. Completed by:** | **3. Date:** |
| **4. Risk/Hazard Identified:** |
| **5. People at Risk:** |
| **6. Potential Causes:** |
| **7. Consequences:** |
|

|  |
| --- |
| Risk Scoring Multiply severity by probability = Risk Category Score (S x P = R) |
| **Severity (S)** | **Probability (P)** | **Risk Category Score (R)** |
| 5 = Fatality or disaster | 5 = Highly likely | **16-25 = HIGH**Stop process/activity and take immediate corrective action through appropriate control measures. Carry out further risk assessment - risk assessment must show an acceptable level prior to starting process/activity. |
| 4 = Major injury, damage or loss | 4 = Very likely |
| 3 = Reportable injury or occurrence | 3 = likely | **9 – 15 MEDIUM****T**ake short-term action to reduce risk with additional controls. Detail planned action to permanently reduce risk to level 1 and reassess risk. |
| 2 = Minor injury, less than 3 days lost time or minimal loss | 2 = Unlikely | **1-8 = LOW**No further action required - risk at an acceptable level. Monitor to ensure standard is maintained. |
| 1 = Minor injury, no lost time or damage | 1 = very unlikely |

 |
| **8. Severity:** | **9. Probability:** | **10. Risk Category Score:** |
| **11. Existing Control Measures:** |
| **12. Further Action Required: YES NO** |
| **13. Proposed Remedial Actions:** |
| **FOR INTERNAL USE ONLY:** |
| **1. Follow-Up Required:** |
| **2. Follow Up Due Date:** |
| **3. Completed by:** | **4. Date:** |