Risk Assessment Form

**Ref.**

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| --- | --- | --- | --- |
| **Severity** | **Probability** | **Probability grading** | **Severity grading** |
|  | 5 | 4 | 3 | 2 | 1 | 1 Very remote/Improbable | 1. Trivial injury/loss |
| 5 | **H** | **H** | **H** | **M** | **M** | 2. Unlikely but Possible | 2. Minor injury/loss |
| 4 | **H** | **H** | **M** | **M** | **M** | 3. Foreseeable that it could occur | 3. Major injury /loss |
| 3 | **H** | **M** | **M** | **M** | **L** | 4. Likely to occur | 4. Severe injury /loss |
| 2 | **M** | **M** | **M** | **L** | **L** | 5. Certain to occur | 5. Death |
| 1 | **M** | **M** | **L** | **L** | **L** |  |
|  | HIGH RISK | The level of risk is intolerable and immediate action is required. |  |
| MEDIUM RISK | The level of risk needs to be reduced to a level that is as low can be reasonably practicably achieved. |
| LOW RISK | The risk is broadly acceptable and further actions may not be necessary. |

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| **Assessment for:** | **By;** | **Date:** | **Reviewed: supervisor** |
| **Reviewed by Manager** |
| **Description of the Hazard** | **Persons in danger** | **Potential Harm** | **Existing Safe Systems/ Controls References** | **Existing P x S = R** | **Suggested Safe Systems Required and Actions** | **Complete P x S = R** |
| **Demands****Role****Relationships****Change** |  |  |  |  |  |  |  |  |  |

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| **Managers support****Control** |  |  |  |  |  |  |  |  |  |

G. Risk Assessment Review

**Ref:**

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| --- | --- |
| **Line Managers Review of the Risk Assessment** | **Departmental Managers Review of the Risk Assessment** |
| Reviewed by: | Reviewed by: |
| Date: | Date: |

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| --- | --- | --- |
| **Action** | **Person Responsible** | **Completion date** |
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 ACTION PLAN

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| **Action** | **Person Responsible** | **Completion date** |
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