

| Risk assessment of: | Assessor: | | | | Date: | |
|--|----------------------|---|---|-----|-----------|------------------------------|
| Overview of activity / location / equipment / conditions being assessed: | | | | | | |
| Context of the assessment: | | | | | | |
| Hazard(s) identified | Person/s affected | Existing controls (how the risk is being mitigated) | а | b | a x b | Additional controls required |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| Signed: | | 1 | 1 | Rev | iew date: | |

Risk Assessment Record

The assessor can assign values for the 'hazard severity' and 'likelihood of occurrence' on scales of 1-5 to aid with rating risks:

| Hazard Severity (a) | Likelihood of Occurrence (b) |
|---|--|
| 1 – Trivial (e.g. discomfort, scratch, slight bruising) 2 – Minor (e.g. small cut, abrasion, basic first aid need) 3 – Moderate (e.g. strain, sprain, incapacitation > 3days) 4 – Serious (e.g. fracture, amputation, hospitalisation > 24 hrs) 5 – Fatal | 1 - Remote (almost never) 2 - Unlikely (occurs rarely) 3 - Possible (could occur, but uncommon) 4 - Likely (recurrent, but not frequent) 5 - Very likely (occurs frequently) |

The risk rating (high, medium or low) indicates the response to be taken for the assessed risks.

| _ | Trivial | Minor | Moderate | Serious | Fatal |
|----------------|---------|-------|----------|---------|-------|
| Remote | 1 | 2 | 3 | 4 | 5 |
| Unlikely | 2 | 4 | 6 | 8 | 10 |
| Possible | 3 | 6 | 9 | 12 | 15 |
| Likely | 4 | 8 | 12 | 16 | 20 |
| Very likely | 5 | 10 | 15 | 20 | 25 |

| Rating Bands (a x b) | | | | | | |
|---|---|---|--|--|--|--|
| LOW RISK | MEDIUM RISK | HIGH RISK | | | | |
| (1 – 8) | (9 - 12) | (15 - 25) | | | | |
| | | | | | | |
| Continue, but review periodically to ensure controls remain effective | Continue, but implement additional reasonably practicable controls where possible and monitor regularly | -STOP THE ACTIVITY- Identify new controls. Activity must not proceed until risks are reduced to medium or low level | | | | |

Risk Assessment Action Plan

Action plan in respect of: Prepared by:

| Ref no. | Action to be taken, including cost | By whom | Target date | Review date | Outcome at review date | |
|------------|------------------------------------|---------|----------------|----------------|------------------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| Signe | Signed: | | | | | |
| Date: | | | | | | |