

# Risk Assessment

<b>Location:</b>	<b><u>Assessment Number:</u></b>	
------------------	----------------------------------	--

**Description of work activity or condition:**

<b>Assessment Frequency:</b>	<b>Annually:</b>	<b>Quarterly:</b>	<b>6 Monthly:</b>	<b>Monthly:</b>	
------------------------------	------------------	-------------------	-------------------	-----------------	--

<b>Is the task repetitive:</b>	<b>Yes:</b>	<b>No:</b>	<b>Frequency:</b>	<b>Daily</b>
--------------------------------	-------------	------------	-------------------	--------------

<b>Persons involved in carrying out tasks:</b>	
<b>Under the age of 18:</b>	<b>Contractors:</b>
<b>Work Experience:</b>	<b>Employees:</b>
<b>Non-Employees:</b>	<b>Others (specify):</b>
<b>Casual:</b>	

<b>Potential to cause harm from the work task (give details):</b>	<b>Assessment Rating:</b>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><b>Very Severe:</b></td><td style="text-align: center;"><b>5</b></td></tr> <tr><td><b>Severe:</b></td><td style="text-align: center;"><b>4</b></td></tr> <tr><td><b>Moderate:</b></td><td style="text-align: center;"><b>3</b></td></tr> <tr><td><b>Slight:</b></td><td style="text-align: center;"><b>2</b></td></tr> <tr><td><b>Negligible:</b></td><td style="text-align: center;"><b>1</b></td></tr> </table>	<b>Very Severe:</b>	<b>5</b>	<b>Severe:</b>	<b>4</b>	<b>Moderate:</b>	<b>3</b>	<b>Slight:</b>	<b>2</b>	<b>Negligible:</b>	<b>1</b>		
<b>Very Severe:</b>	<b>5</b>											
<b>Severe:</b>	<b>4</b>											
<b>Moderate:</b>	<b>3</b>											
<b>Slight:</b>	<b>2</b>											
<b>Negligible:</b>	<b>1</b>											

**Are there any control measures already in place which will reduce the Hazard?**

**Personal Protective Equipment required / issued:**

<b><u>Taking into account present control measures, what is the likelihood of an incident occurring?</u></b>	<b>Assessment Rating:</b>	
--	---------------------------	--

<b>Very Likely:</b>	<b>5</b>	
<b>Likely:</b>	<b>4</b>	
<b>Quite Possible:</b>	<b>3</b>	
<b>Possible:</b>	<b>2</b>	
<b>Unlikely:</b>	<b>1</b>	

<b>Current Overall Assessment Rating</b>		
--	--	--

What more needs to be done ?	<u>By whom?</u>	When?
------------------------------	-----------------	-------

Date of assessment:	Signed:	Review date:
---------------------	---------	--------------

Assessment Agreed:	Signed:	Date:
Name:		
Position:		

Assessment Review Date 1:	<u>Revised of Assessment Rating</u>	
---------------------------	-------------------------------------	--

Actions taken / required:	<u>By whom:</u>	Date:
---------------------------	-----------------	-------

Assessment Review Date 2:	<u>Revised of Assessment Rating</u>	
---------------------------	-------------------------------------	--

Actions taken / required:	<u>By whom:</u>	Date:
---------------------------	-----------------	-------

Assessment Review Date 3:	<u>Revised of Assessment Rating</u>	
---------------------------	-------------------------------------	--

Actions taken / required:	<u>By whom:</u>	Date:
---------------------------	-----------------	-------