



RISK ASSESSMENT

Title:		Date of Assessment:		Risk Assessor:	
Reference Number:		Version Number:		People involved in making this assessment:	
Task/Process:		People at Risk:			
Documents Associated with this Risk Assessment:					
Review Date:		Reviewer:		Next Review Date:	

Hazard:	
Control Measures:	
1.	
2.	
3.	
4.	
5.	
6.	

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1.	
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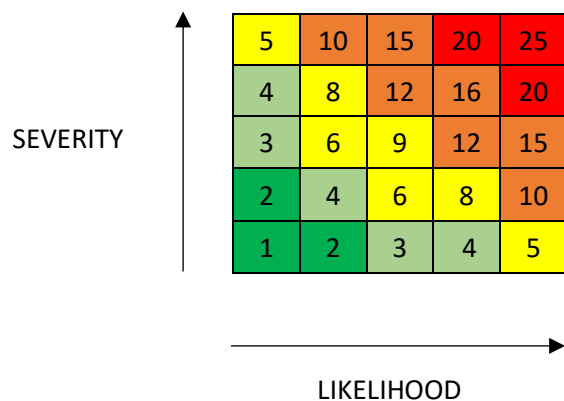
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I (name) do hereby declare that I have received, understood and will abide by the contents of this Risk Assessment.

Signed: Date:

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HOW TO CALCULATE A RISK RATING



Likelihood	Severity
1 = extremely unlikely	1 = very minor injury
2 = unlikely	2 = first aid injury
3 = possible	3 = lost time injury
4 = likely	4 = hospital treatment
5 = very probable	5 = disabling injury

Risk rating	Action and timescale
15 and above	Unacceptable Work may not start. Additional controls must be introduced to reduce risk rating to below 9.
9-14	Tolerable Additional controls must be introduced as soon as possible.
5-8	Tolerable Additional controls may be needed
4 or below	Acceptable

1-4 =	Low risk
6-9 =	Medium risk
10-25=	High risk