RISK ASSESSMENT FORM Ref. No:

Department:	Location:	Manager:
Assessment Date:	Assessors Name: Post:	Review Date:

(R) Risk = (L) Likelihood x (S) Severity

Likelihood (L)	**Severity (S)**	**Risk (R)**
5 = Certain	**5** = Fatal or disabling injury or serious ill health	**13 - 25** Stop activity or process and improve control measures (High Risk)
4 = Likely	**4** = Major illness or injury	**5 - 12** Monitor and review control measures (Medium Risk)
3 = Medium	**3** = Major Injury/ Widespread Loss	**1 - 4** Acceptable (Low Risk)
2 = Unlikely	**2** = Minor Injury/ Moderate Loss	
1 = Highly Unlikely	**1** = Slight or no injury / Minor or non-Loss	

Persons at risk key: **E** = Employee **W** = Worker **P** =Public /Visitors **O**= Other

No.	Hazard	Persons at Risk	Description	Exposed Risk	Existing Control Measures	RISK RATING			Further Control Measures	NEW RISK RATING		
						L	S	R		L	S	R