

RISK ASSESSMENT FORM

Refer to 'Risk Assessment Support Document' & any existing assessments for the site.

Customer:	Site:	Job No: 2901
Name:	Signature:	Date:
Persons exposed: Employees / public / customers /other (please circle)		
Work activity:		

Will you come into contact with / are there hazards from?

	Likelihood	Severity	Risk Rank	Corrective actions & controls	Revised Risk Rank
1: Asbestos					
2: Chemical					
3: Welding, brazing, cutting & fire					
4: Sharp objects					
5: Extreme pressure temperature					
6: Slips, trips & falls					
7: Electrical					
8: Noise					
9: Confined space					
10: Evacuation routes, site emergency & first aid					
11: Manual handling					
12: Traffic					
13: Moving parts					
14: Dust					
15: Chips & splinters					
16: Other					

SPECIMEN

High	Do not do the job until risk has been eliminated or reduced
Medium	Reduce risks where practical before commencement of job
Low	Little or no action required before commencement of job

Severity \ Likelihood	Fatality	Major Injury	Serious Injury	Minor Injury	Insignificant
Certain	High	High	High	Medium	Low
Probable	High	High	High	Medium	Low
Possible	High	High	High	Medium	Low
Unlikely	Medium	Medium	Medium	Low	Low
Very Unlikely	Medium	Medium	Low	Low	Low