

RISK ASSESSMENT FORM

Department:		Section:		Location:	
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Activity/Process	Location of Activity/Process	Student Name	School	Age

Hazards involved with Activity/Process	Existing Safety Measures/Controls	Score See Table Below	Additional controls required	Responsibility (Name)	Signature on Completion
		X =			
				Target Date	Completion Date
				New Score	X =
		X =			
				Target Date	Completion Date
				New Score	X =
		X =			
				Target Date	Completion Date
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		X =			
				Target Date	Completion Date
				New Score	X =

Risk Rating Model	1 Trivial injury	2 Slight injury	3 Serious injury	4 Major injury or death
1 Most unlikely	1 Minimal	2 Minimal	3 Low	4 Low
2 Unlikely	2 Minimal	4 Low	6 Medium	8 Medium
3 Likely	3 Low	6 Medium	9 High	12 High
4 Most likely	4 Low	8 Medium	12 High	16 High

Rating Band	Action
1 – 2 = Minimal Risk	Maintain Control Measures
3 – 4 = Low Risk	Review Control Measures
6 – 8 = Medium Risk	Improve Control Measures
9 – 12 – 16 = High Risk	Improve Control Measures immediately / Consider stopping work

Date	Assessor	Signature	Managers Name & Signature	Date

Comments:

Assessment review date: (1 year from last review date unless process changes or other wise stated)

Review Date	Assessor	Signature	Date	Remarks

Additional Remarks:

Continuation sheet

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