

Risk Assessment Form



Date:	Location:	Task/Activity/Process:	Risk assessor name:	Signature:	Review Date:	Other:
Identify the hazards	Who or what is at risk?	What controls are already in place?	What is the likelihood of an accident occurring?	What would be the severity if an accident did occur?	What, if any, additional controls are necessary?	When and by whom will the control measures be implemented?

Risk Assessment Form



<p><i>Walk around your workplace;</i> <i>-asking your employees what they think;</i> <i>-visiting the 'Your industry' areas of the HSE website or calling HSE Infoline;</i> <i>-calling the Workplace Health Connect Adviceline or visiting their website;</i> <i>-checking manufacturers' instructions;</i></p>	<p><i>Identify groups of people.</i> <i>Remember:</i> <i>some workers have particular needs;</i> <i>-people who may not be in the workplace all the time;</i> <i>-members of the public;</i> <i>-if you share your workplace think about how your work affects others present.</i> <i>-Say how the hazard could cause harm.</i></p>	<p><i>List what is already in place to reduce the likelihood of harm or make any harm less serious.</i></p>	<p><i>Use table below to assess.</i></p>	<p><i>Use the table below to assess.</i></p>	<p><i>Make sure that you have reduced risks 'so far as is reasonably practicable'. An easy way of doing this is to compare what you are already doing with good practice. If there is a difference, list what needs to be done in addition.</i></p>	<p><i>Remember to prioritise. Deal with those hazards that are high-risk and have serious consequences first. List actions to be done, who by and when.</i></p>
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Likelihood

Severity

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|-----------------|---|
| Certain | Probable death of 1 more persons |
| Probable | Severe injury, loss of limb, first degree burns |
| Possible | Broken bones, fractures, severe lacerations |
| Unlikely | Minor injury, cuts, bruising, minor burns |
| Highly Unlikely | No ill effect |

Return a copy of the completed form to the company office.