

Risk Assessment Form

COMPANY DETAILS			
Name of setting:			
Address:			Postcode:

ASSESSMENT DETAILS			
Name of Assessor:			Position of Assessor:
Area Assessed:			
Assessment Date:		Review Date:	Signature of Assessor:

ASSESSMENT RISK DETAILS

Under additional controls you should note the additional measures that are needed to reduce the risk to an acceptable level and record when they have been implemented

HAZARDS/RISKS/PERSONS AFFECTED	EXISTING CONTROLS	LIKELIHOOD (L)	SEVERITY (S)	RISK RATING (L X S)	ADDITIONAL CONTROLS

ASSESSMENT RISK GUIDANCE

multiply 'Likelihood' score by 'Severity' score to arrive at a 'Risk Rating'

Likelihood:
 1 = Low (seldom)
 2 = Medium (frequently)
 3 = High (certain or near certain)

Severity:
 1 = Low (minor cuts and bruises)
 2 = Medium (serious injury or incapacitated for 3 days or more)
 3 = High (fatality or a number of persons seriously injured)

Risk Rating:
 1 – 2 = low priority
 3 – 4 = medium priority
 6 – 9 = high priority