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| --- | --- | --- | --- |
| **Assessment of:** |  | **Assessment carried out by:** |  |
| **Assessment number:** |  | **Position:** |  |
| **Date:** |  | **Review date:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **ACTIVITY & WHO IS AT RISK** | **HAZARDS PRESENT** | **EXISTING CONTROL MEASURES** | **No. at risk** | **Risk factors** | **FURTHER ACTION REQUIRED & BY WHOM** | **DATE OF ACTION** |
| **Likelihood** | **Severity** | **Risk Level** |
|  |  |  |  |  |  |  |  |  |  |
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**RISK MATRIX**

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| --- | --- | --- | --- | --- | --- |
| **LIKELIHOOD****SEVERITY** | **1. Very unlikely****(*no known history*)** | **2. Unlikely****(*unlikely sequence of events*)** | **3. Possible****(*Foreseeable under unusual circumstances*)** | **4. Likely****(*Easily foresseable – some incidents may have occurred*)** | **5. Very likely****(*Common occurrence – aware of incidents*)** |
| **1. Negligible****(*no visible injury – no pain*)** | **LOW** | **LOW** | **LOW** | **LOW** | **LOW** |
| **2. Slight****(*minor cuts or bruises – no long term effects*)** | **LOW** | **LOW** | **LOW** | **MEDIUM** | **MEDIUM** |
| **3. Moderate****(*Heavy bruising, deep wounds, lost time*)** | **LOW** | **LOW** | **MEDIUM** | **MEDIUM** | **HIGH** |
| **4. Severe****(*Major injuries, lost time accidents, RIDDOR reportable*)** | **LOW** | **MEDIUM** | **MEDIUM** | **HIGH** | **HIGH** |
| **5. Very Severe****(*Long term disability or death*)** | **LOW** | **MEDIUM** | **HIGH** | **HIGH** | **HIGH** |

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| --- | --- | --- | --- |
| **NAME OF ASSESSOR:** |  | **DATE OF ASSESSMENT:** |  |
| **SIGNATURE:** |  |
| **CONTACT DETAILS** |
| **EMAIL:** |  | **PHONE:** |  |