Risk Assessment Guidance

The assessor can assign values for the hazard severity (a) and likelihood of occurrence (b)  
(taking into account the frequency and duration of exposure) on a scale of 1 to 5,   
then multiply them together to give the rating band:

|  |  |
| --- | --- |
| Hazard Severity (a) | Likelihood of Occurrence (b) |
|
| 1 – Trivial (eg discomfort, slight bruising, self-help recovery) **2 – Minor** (eg small cut, abrasion, basic first aid need)  **3 – Moderate** (eg strain, sprain, incapacitation > 3 days)  **4 – Serious** (eg fracture, hospitalisation >24 hrs, incapacitation >4 weeks)  **5 – Fatal** (single or multiple) | **1 – Remote** (almost never)  **2 – Unlikely** (occurs rarely)  **3 – Possible** (could occur, but uncommon)  **4 – Likely** (recurrent but not frequent)  **5 – Very likely** (occurs frequently) |

The risk rating (high, medium or low) indicates the level of   
response required to be taken when designing the action plan.

**Trivial**

**Minor**

**Moderate**

**Serious**

**Fatal**

|  |  |  |
| --- | --- | --- |
| Rating Bands (a x b) | | |
| **LOW RISK**  **(1 – 8)** | **MEDIUM RISK**  **(9 - 12)** | **HIGH RISK**  **(15 - 25)** |
|  |  |  |
| Continue, but review periodically to ensure controls remain effective | Continue, but implement additional reasonably practicable controls where possible and monitor regularly | -STOP THE ACTIVITY-  Identify new controls. Activity must not proceed until risks are reduced to a low or medium level |

**Remote**

**Unlikely**

**Possible**

**Likely**

**Very likely**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **2** | **4** | **6** | **8** | **10** |
| **3** | **6** | **9** | **12** | **15** |
| **4** | **8** | **12** | **16** | **20** |
| **5** | **10** | **15** | **20** | **25** |

|  |  |  |
| --- | --- | --- |
| Risk Assessment Record | | |
| Risk Assessment of: | Assessor(s): | Date: |
| Overview of activity / location / equipment / conditions being assessed: |  | |
| Generic or specific assessment? | Context of assessment (delete as appropriate): planning stage | |

| # | Hazard(s) identified | Persons affected | Existing controls & measures | A | B | A x B | Additional controls required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
|  | Assessor signature: | | Print name: | Review date: | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Risk Assessment Action Plan | | | | | | | |
| Action Plan in respect of: | | | | | | Prepared by: | |
| Ref no. | Action to be taken, incl. Cost | | By whom | Target date | Review date | Outcome at review date | |
|  |  | |  |  |  |  | |
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|  |  | |  |  |  |  | |
|  |  | |  |  |  |  | |
| Responsible manager’s signature: | | | | | Responsible manager’s signature: | | |
| Print name: | | Date: | | | Print name: | | Date |