Risk Assessment

# Risk Matrix and Rating Guidance:

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

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| Hazard Severity(a) | | Likelihood of Occurrence(b) | |
| 1 – Trivial | (e.g., discomfort, slight bruising, self-help recovery, no significant harm to health or mental health) | 1 – Remote | (almost never) |
| 2 – Minor | (e.g., small cut, abrasion, basic first aid need, temporary ill-heath leading to discomfort, stress / distress) | 2 – Unlikely | (occurs rarely) |
| 3 – Moderate | (e.g., strain, sprain, incapacitation or other injury or diagnosable mental health condition < 7 days absence from work or amended duties,) | 3 – Possible | (could occur, but uncommon) |
| 4 – Serious | (e.g., fracture or hospitalisation (for >24 hrs) or incapacitation (>7 days) or Diagnosable mental health condition significantly affecting day to day life; Self harm or harm to others due to mental health condition. | 4 – Likely | (recurrent but not frequent) |
| 5 – Catastrophic | (single or multiple fatalities or life changing disabilities or injuries, suicide risk or potential harm to others as a result of severe mental health impacts). | 5 – Very likely | (occurs frequently) |

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| **Risk Assessment Matrix** | | | | | |  | **Risk Rating Bands (a x b)** | | |
| **(b)Ü (a)Ú** | **Trivial** | **Minor** | **Moderate** | **Serious** | **Fatal** |  | **LOW RISK**  **(1 – 8)** | **MEDIUM RISK**  **(9 – 12)** | **HIGH RISK**  **(15 – 25)** |
| **Remote** | **1** | **2** | **3** | **4** | **5** |  |  |  |  |
| **Unlikely** | **2** | **4** | **6** | **8** | **10** |  | 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 |
| **Possible** | **3** | **6** | **9** | **12** | **15** |  |
| **Likely** | **4** | **8** | **12** | **16** | **20** |  |
| **Very likely** | **5** | **10** | **15** | **20** | **25** |  |

**General Guidance:**

* “Additional control” items are controls that have not been implemented yet and have been identified as needing to be introduced. Once the control is in place, the item should be moved to “Existing controls”.
* Hazards should potentially result in harm to a person or group of people. Organisational risks such as reputational or financial risks should be considered when planning events or procedures and included in event documentation, but can be included in Appendix 1 here if necessary.

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| Risk Assessment Record | | |
| Risk Assessment Title: | Date Produced: | Review Date: |
| Overview/Description of Activity: | Duration/Frequency of Activity: | |
| Location of Activity: | Generic or Specific Assessment: | |

| # | Hazard(s) identified | Who might be affected and how | Existing controls & measures | Severity (a) | Likelihood (b) | Risk Rating  (a x b) | Additional control/action required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

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| Assessor signature: | Print name: | Date: | Authoriser’s signature: | Print name: | Date: |

# Appendix 1 – Organisational Risks

| # | Hazard(s) identified | Who might be affected and how | Existing controls & measures | Severity (a) | Likelihood (b) | Risk Rating  (a x b) | Additional control/action required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

# Appendix 2 - Risk Assessment Action Plan

| Hazard No. | Action to be taken | By whom | Target date | Review date | Outcome at review date |
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| Responsible person’s signature:  Print name:  Date: | | | | | Responsible person’s signature:  Print name:  Date: |