

GENERAL RISK ASSESSMENT FORM

Date	<input type="text"/>
Assessed by	<input type="text"/>
Location	<input type="text"/>
Assessment number	<input type="text"/>
Activity	<input type="text"/>
Review date	<input type="text"/>

PRELIMINARY ASSESSMENT	Y E S	N O
CAN THE EXPOSURE TIME BE REDUCED?		
CAN THE ACTIVITY BE SUBSTITUTED?		
CAN THE NUMBER OF PEOPLE EXPOSED BE REDUCED?		
CAN THE ACTION BE AVOIDED?		

Severity Quantitative Rating (A)

- 5 Death / Permanent Disability
- 4 Serious Long term illness
- 3 Temporary disability / 3 days of work
- 2 Will need medical attention
- 1 Minor injury, eg bruise, graze

Likelihood Quantitative Rating (B)

- 5 Will almost certainly happen
- 4 Highly likely to happen
- 3 Possibly
- 2 Might / less likely to happen
- 1 Unlikely to happen

Risk Quantitative Rating (Rate)

- 16-25** Unacceptable risk level – take immediate action
- 10-15** High Risk Level - take action as soon as possible
- 6-9** Medium Risk Level – Do something as soon as is reasonable
- 3-5** Fairly Low Risk Level – Low priority but consider other control measures
- 1-2** Low Risk - No action required.

Significant Hazards	Existing Control Measures	People affected (staff /public/both)	(A)Severity 1-5	(B) Likelihood 1–5	Rate (A x B)	Recommended remedial action	Completion date
Signature of Assessor							
Signature of Responsible Person							

N.B
 You may now save this document but you are required to sign and print a hardcopy for your files as all Risk Assessments are to be signed in the boxes above.

This is a sample document and should be used for reference and adapted for your own setting