|  | **Risk Assessment****ASSESSMENT REF NO:**  |
| --- | --- |
|   | **Location:**  | **Assessor:**  |
| **Hazard** | **Who might be harmed?** | **Existing controls**What makes the hazard less risky?What makes these controls effective? | **Risk** | **Further actions**Avoid Control at source Take advantage of technology Protect allMake what you have more effective. | **Target date** | **Responsibility** | **Completion Date** | **New Residual Risk Score** |
| **Public** | **Employee** | **Contractors** | Probability | Severity | Rating |
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| **Further actions approved by:**  | **Signature:**  | **Date:**  |

**Urgency of Action** = (20> *Very High*) (16-20 *High*) (9-15 *Moderate*) (4-8 *Low*) (1-3 *Very Low*)

**Review Date:**

**Severity =** 1. Damage 2. Minor Injury 3. +3 Days/Hospitalised 4. Major Injury/Permanent Disability 5. Fatality

**Probability =** 1. Very Unlikely 2. Unlikely 3. Fairly Likely 4. Likely 5. Very Likely