**GENERAL RISK ASSESSMENT**

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| **ESTABLISHMENT:** | **ROOM / AREA:** | **ACTIVITY / SITUATION:** |

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| **HAZARDS IDENTIFIED** | **POPULATION WHICH MAY BE AFFECTED** | **POPULATION PARTICULARLY AT RISK** |
|  | **EMP** | **C/S** | **CON** | **V/P** | **CRN** | **YPS** | **NEM** | **DIS** |
| **1)** |  |  |  |  |  |  |  |  |  |
| **2)** |  |  |  |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |  |  |  |
| **EMP**=Employee, **C/S** = Client / Student, **CON** = Contractor, **V/P** = Visitor / Public, **CRN** = Children, **YPS** = Young Persons, **NEM** = New & Expectant Mothers, **DIS** = Disabled |

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|  | **EXISTING CONTROL MEASURES IN PLACE** (e.g. procedures, supervision, training, safety signs and information, PPE etc.) |
| **1)** |  |
| **2)** |  |
| **3)** |  |
| **4)** |  |
| **5)** |  |

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|  |  **POTENTIAL SEVERITY (√)** | **LIKELIHOOD (√)**(taking existing control measures into consideration) | **RISK RATING**(Severity **x** Likelihood) | **ACTION PLAN****ADDITIONAL CONTROL MEASURES TO BE IMPLEMENTED** (if required) |
|  | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |  |  |
| **1)** |  |  |  |  |  |  |  |  |  |  |
| **2)** |  |  |  |  |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |  |  |  |  |
| **ASSESSOR’S NAME:** |  | **Signature:** | **Date:** |
| **POTENTIAL SEVERITY:** **1**= **Trivial / Negligible** (hazard will not result in serious injury or illness, remote possibility of property damage); **2**= **Minor Injury** (hazard can cause injury, illness or equipment damage but the results would not be expected to be serious); **3**= **Serious Injury** (hazard can result in serious injury and/or illness, property & equipment damage); **4**= **Fatality / Major Injury** (imminent danger exists, hazard capable of causing death, injury and/or illness on a wide scale. **LIKELIHOOD:** **1**= **Remote** (unlikely, though conceivable); **2** = **Possible** (could occur sometimes); **3** = **Probable** (not surprised, will occur in time); **4** = **Likely** (likely to occur, event only to be expected).**(NB! Multiply POTENTIAL SEVERITY SCORE with LIKELIHOOD SCORE to give the RISK RATING)** **RISK RATING:** **1-4** = Continue with existing controls and regular ongoing monitoring; **5-8** = Requires attention ASAP to reduce rating and regular ongoing monitoring; **9-12** = Requires immediate attention to bring the risk down to an acceptable level; **13-16** = **STOP!** Why are you even considering doing this? The risk is too high and not acceptable. |

**RE-ASSESSMENT FOLLOWING IMPLEMENTATION OF ADDITIONAL CONTROL MEASURES**

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|  |  **POTENTIAL** **SEVERITY (√)** | **LIKELIHOOD (√)**(taking additional control measures into consideration) | **RISK RATING**(Severity **x** Likelihood) | **ADDITIONAL CONTROL MEASURES TO BE IMPLEMENTED** (if required) |
|  | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |  |  |
| **1)** |  |  |  |  |  |  |  |  |  |  |
| **2)** |  |  |  |  |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |  |  |  |  |
| **ASSESSOR’S NAME:** |  | **Signature:** | **DATE:** |

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| --- | --- | --- | --- |
| **MANAGER’S NAME:**  |  | **Signature:** | **DATE:** |
| **REVIEW DATE:** |  | **1 year from the date of the last control measure to be implemented OR more frequently if required (SEE GUIDANCE)** |