

HEALTH & SAFETY RISK ASSESSMENT

	Activity:		Risk Assessment No:	
	Location:		Date:	
	Assessor(s)		Review Date:	
	Assessors Signature (only one required)		Responsible person(s):	

NOTE: For each hazard identified in step 2, multiply the Likelihood by the Consequence to find the Risk Priority Number

5 x 5 Risk Matrix						Likelihood	Consequence	Risk Rating	Timeline for Action	
Likelihood	5	5	10	15	20	25	1 = Rare	1 = Minor Injury not requiring First Aid	16 – 25 = High	High Risks must cease immediately until adequate Control measures are implemented
	4	4	8	12	16	20	2 = Possible (unfortunate circumstance)	2 = Minor injury requiring First Aid	9 – 15 = Medium	
	3	3	6	9	12	15	3 = Possible	3 = Injury requires a Dr or hospital	1 – 8 = Low	Medium Risks are tolerated short-term until control measures are developed
	2	2	4	6	8	10	4 = Probable	4 = Major injury, resulting in disability		
	1	1	2	3	4	5	5 = Almost certain	5 = Fatality		
		1	2	3	4	5				
Consequence										

Step 1 Who are the people(s) or items affected by the activity or situation?

	Employees		Contractors		Visitors		Other
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No	Step 2		Risk Rating			Step 3	Step 3A			Risk Rating			Action Plan		
	What is the hazard?	What are the potential outcomes from the hazard without control measures?	Likelihood	Consequence	RPN	What are the existing control measures?	Recommended further control measures? (If any)	Likelihood	Consequence	RPN	By who	By when	Date complete		