**Risk Assessment**

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| **Date of assessment:** | **Assessment By:** | **Site** |
| **Department/Area:** |  | |
| **Identify/describe activity, equipment, area or event you are assessing:** | | |

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| **Step 1:** Identify the hazard/s:What do you believe are the hazards?(Refer hazard sheet 1) | **Step 2:** Assess the risks:  What do you believe are the risks?  (Refer hazard sheet 2) | **Step 3:** Reducing the risk: What do you believe can be done to reduce the risk? (Refer hazard sheet 3) |

| **What could cause harm?** | What could go wrong? | Controls |
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**Completed by (name): Signature: Date:**

**In consultation with (name): Signature: Date:**

**Authorised by (name/position): Signature: Date:**

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4:** Monitor & review:  (Refer to hazard sheet 4)  **Please circle Yes or No** | | | | | | |
| **Were the controls effective?** | **YES** | **NO** | **Were there any unforeseen hazards/ incidents?** | **YES** | **NO** | **New controls** |
| **DETAILS** | | | **DETAILS** | | | **DETAILS** |
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**NAME: SIGNATURE: DATE:**