**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:**