RISK ASSESSMENT

Assessors Name(s):	**Reference no:**	**Assessment Date:**	**Review Date:**
Site / Area:	**Location:**	**Identify People at Risk:**	
Details of operation or work activity undertaken:			

Hazards	Initial Risk			Controls / Safeguards / Precautions	Residual Risk			Initial once implemented
	P	S	RR		P	S	RR	
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Any Further Actions Required:								

Personal Protective Equipment Needed	**Provided by**	**First Aiders** *(To be completed by Group Leader)*	**Nearest Telephone** *(To be completed by Group Leader)*	**Nearest 24 hour Hospital and/or Doctor** *(To be completed by Group Leader)*

RISK RATING MATRIX		
Probability	**Severity**	**Risk**
Probable = 3	Critical = 3	6 - 9 = High Risk
Possible = 2	Serious = 2	4 = Medium Risk
Unlikely = 1	Minor = 1	1 - 3 Low Risk