

**GENERAL RISK ASSESSMENT FORM**

**Ref:**

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| --- | --- | --- |
| **Describe the activity being assessed:** | **Assessed by:** | **Endorsed by (for office use):** |
| **Who might be harmed:**  **How many exposed to risk:** | **Date of Assessment:** | **Review date(s):** |

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| **Hazards Identified**  ***(state the potential harm)*** | **Existing Control Measures** | | | **S** | **L** | **Risk**  **Level** | **Additional Control Measures** | | **S** | **L** | **Risk Level** | | **By whom and by when** | **Date completed** | |
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| **Very likely**  **5** | | **5** | **10** | | | | **15** | **20** | | | | **25** | | |
| **Likely**  **4** | | **4** | **8** | | | | **12** | **16** | | | | **20** | | |
| **Possible**  **3** | | **3** | **6** | | | | **9** | **12** | | | | **15** | | |
| **Unlikely**  **2** | | **2** | **4** | | | | **6** | **8** | | | | **10** | | |
| **Extremely unlikely**  **1** | | **1** | **2** | | | | **3** | **4** | | | | **5** | | |
| **Likelihood (L)**  **Severity (S)** | | **Minor injury – No first aid treatment required**  **1** | **Minor injury – Requires First Aid Treatment**  **2** | | | | **Injury - requires GP treatment or Hospital attendance**  **3** | **Major Injury**  **4** | | | | **Fatality**  **5** | | |

**ACTION LEVEL: (To identify what action needs to be taken).**

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| **POINTS:** | **RISK LEVEL:** | **ACTION:** |
| 1 – 2 | NEGLIGIBLE | No further action is necessary. |
| 3 – 5 | TOLERABLE | Where possible, reduce the risk further |
| 6 - 12 | MODERATE | Additional control measures are required |
| 15 – 16 | HIGH | Immediate action is necessary |
| 20 - 25 | INTOLERABLE | Stop the activity/ do not start the activity |