

Management Risk Assessment Form

Department:

Section:

Workplace:

Ref No.:

Date:

Assessors Name:

What is the work activity?							
Identify Hazards	Who may be harmed	Severity of Injury	Likelihood of Injury	Number Exposed	Risk Level	Control Measures	Further Action Required (Yes/No)

Legend:	<p>Severity of injury - 1. Minor Injury. 2. Injury requiring first aid. 3. Injury requiring 3 or more days off work. 4. Long term absence and/or hospitalisation. 5. Death/permanent disability.</p> <p>Likelihood of occurrence - 1. Remote possibility. 2. Possible: might happen. 3. Probable. 4. Highly probable. 5. Almost certain to happen.</p> <p>Number exposed - 0. 1-2 people. 1. 3-5 people. 2. 6-20 people. 3. 21-49 people. 4. 50+ people.</p> <p>Risk Level - 1-2=very low risk. 3-5=low risk. 6-9=medium risk. 10-15=high risk. 16-29=unacceptable risk.</p>
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