

RISK ASSESSMENT FORM (To be completed for all events)

TASK/ACTIVITY		VENUE/ROOM/AREA	Jubilee Square
DATE		REVIEW DATE	
ASSESSOR		SIGNATURE	

Likelihood	x	Severity
Very Unlikely	1	Minor injury, No time off
Unlikely	2	Injury and up to three days off
Likely	3	Reportable Condition
Very Likely	4	Major injury/Long term absence
Certain	5	Death

Select the Likelihood and multiply by selected Severity to give the Risk Rating.

Risk Rating
High =16-25, Medium = 9-15, Low = 1-8

#	DESCRIPTION OF HAZARD	CONSEQUENCE OF HAZARD	PERSONS AT RISK	CURRENT CONTROL MEASURES	RISK L X S = H,M,OR L
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

RECOMMENDED CONTROL MEASURES		Revised Risk L X S = H,M,OR L	MANAGEMENT ACTION PLAN & IMPLEMENTATION DATE(S)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Signature of Manager			
Name of Manager			
Date			