**RISK ASSESSMENT FORM**

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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **XXXRA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  |  |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?Refer Risk Assessment Guideline (015G) | **Step 2: Assess the risks:**What do you believe are the risks?Refer Risk Assessment Guideline (015G) | **Step 3: Reducing the risk:**What do you believe can be done to reduce the risk?Refer Risk Assessment Guideline (015G) |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
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| **Authorised by:** |  | **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)**Please tick Yes or No** |
| **Were the controls effective?** | **Were there any unforeseen hazards/ incidents?** | **New controls** |
| **Yes** | **[ ]**  | **No** | **[ ]**  | **Yes** | **[ ]**  | **No** | **[ ]**  |  |
| **DETAILS** | **DETAILS** | **DETAILS** |
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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |