

Assessment Date:							
Parish:							
Name of person(s) conducting assessment:							
Describe the activity, equipment, area or event							
# Item	Step 1: Identify the Hazard/s	Step 2: Identify the Likelihood in <i>Table 1</i> and Consequence in <i>Table 2</i> = Risk Rating from <i>Table 3</i>			Step 3: Identify the Control from <i>Table 5</i> and detail the action		Step 4: Select Escalation Process ( <i>Table 4</i> )
		Likelihood	Consequence	Risk Rating	Control Measure (e.g. Eliminate)	Corrective Action to be Taken (e.g. remove the hazard )	

Table 5 – HIERARCHY OF CONTROL

↓	Eliminate	Completely remove the hazard
	Substitute	Identify an alternative process or practice
	Isolate	Reduce exposure through barriers
	Engineer	Change the work practice, method, system or re-design
	Administration	Training, guidelines, induction
	PPE	Gloves, closed in shoes, machine guards

<b>Almost Certain</b>	Expected to occur in most circumstances
<b>Likely</b>	Will probably occur in most circumstances
<b>Possible</b>	Might occur within a 5 year time period
<b>Unlikely</b>	Could occur during a specified time period
<b>Rare</b>	May only occur in exceptional circumstances

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	Extreme	Extreme
Likely	Low	Medium	High	High	Extreme
Possible	Low	Low	Medium	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	High

<b>Insignificant</b>	No injury
<b>Minor</b>	First aid required
<b>Moderate</b>	Disabling Injury –Medical treatment
<b>Major</b>	Serious injury resulting in hospitalisation, permanent disability, amputation
<b>Extreme</b>	Fatality (not natural causes)

<b>Extreme</b>	<b>IMMEDIATE</b> elimination or control required
<b>High</b>	Eliminate or control <b>WITHIN 5 DAYS.</b>
<b>Medium</b>	Implement all controls within <b>21 DAYS.</b>
<b>Low</b>	Remedial action required <b>WITHIN ONE MONTH.</b> Review and note changes.

**Step 5: Re-assess the Corrective Actions agreed in Step 3 above (your applied control measures must reduce the initial Risk Rating)**

Item #	Initial Risk Rating	Residual Risk Rating Identify the Likelihood in <i>Table 1</i> and Consequence in <i>Table 2</i> = Risk Rating <i>Table 3</i>			Has the risk level reduced? Yes / No <i>It No, contact the WHS Team.</i>	Identify Responsible person	Date completed
		Likelihood	Consequence	Risk Rating			

**Step 6 Review** (Circle Yes or No **after** risk control actions have been implemented)

Were the actions effective in eliminating or minimising the hazard?	Any unforeseen hazards created since action taken?		Any further incidents since actions were taken?	
	Yes	No	Yes	No

**Comments:**

Person(s) conducting review:	Name(s)	Signature(s)	Date of Review