

<h1>Risk Assessment Form</h1>		Company Name:		Date of assessment:													
		Risk Assessment Number:		Date review due:													
		<i>(high/medium overall risk rating review due in 1 years, low overall risk rating review due in 2 years)</i>															
Location:		Operation / Process:		<b>Scoring system</b>													
Overall risk rating (high/medium/low):		Can task be eliminated?		<b>Severity ("S")</b> scored between 1 - 5 dependant on severity <b>Likelihood ("L")</b> scored between 1 - 5 dependant on likelihood  <b>Risk factor = severity x likelihood. Scored between 1 - 25 where:</b> 15 - 25 = high ("H"), 7 - 14 = medium ("M"), 1 - 6 = low ("L")  <b>Overall risk rating = if all risk factors identified are low overall risk rating is "low". If any risk ratings identified are medium and/or high overall risk rating is "high/medium"</b>													
Supervisor's/Manager's	Name:	Exposed Persons:		<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><b>Severity</b></td> <td style="text-align: center;"><b>Likelihood</b></td> </tr> <tr> <td>1. = No Injury</td> <td>1. = Rare</td> </tr> <tr> <td>2. = Minor Injury (no time lost)</td> <td>2. = Unlikely</td> </tr> <tr> <td>3. = Time Lost up to 3 days</td> <td>3. = Probable</td> </tr> <tr> <td>4. = Time Lost above 3 days</td> <td>4. = Very Likely</td> </tr> <tr> <td>5. = Sever Injury/Death</td> <td>5. = Almost a Certainty</td> </tr> </table>		<b>Severity</b>	<b>Likelihood</b>	1. = No Injury	1. = Rare	2. = Minor Injury (no time lost)	2. = Unlikely	3. = Time Lost up to 3 days	3. = Probable	4. = Time Lost above 3 days	4. = Very Likely	5. = Sever Injury/Death	5. = Almost a Certainty
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Signature:		Substances Used:		<b>Weather Conditions:</b>	<b>Time of day:</b>												
Equipment Used:		Are COSHH assessments needed?															
Exposure Frequency:																	
Duration of Exposure:																	

Hazards	Current measures	S	L	Risk factor	Additional measures required	Residual			Acceptable	Action and Monitor By	By When
						S	L	Risk factor			

Any Serious or imminent danger risks identified?	
Emergency action required?	
Persons appointed to take action in case of above	
Any circumstances requiring further assessment?	

Circulation of Risk Assessment (please tick as appropriate)					
Employees	Contractor	Sub Contractor	Site Copy	Client	Other

Assessor Name	Assessor Signature	Date

**Communication**

I have read and understood the above risk assessment number \_\_\_\_\_ and will cooperate with the requirements specified in it for my own safety and health as well as others.

Name	Date	Job Title	Signature