

**GENERAL RISK ASSESSMENT FORM**

**Ref:**

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| **Describe the activity being assessed:**  | **Assessed by:**  | **Endorsed by (for office use):** |
| **Who might be harmed:** **How many exposed to risk:**  | **Date of Assessment:**  | **Review date(s):**  |

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| **Hazards Identified*****(state the potential harm)*** | **Existing Control Measures** | **S** | **L** | **Risk****Level** | **Additional Control Measures** | **S** | **L** | **Risk Level** | **By whom and by when** | **Date completed** |
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| **Very likely****5** | **5** | **10** | **15** | **20** | **25** |
| **Likely****4** | **4** | **8** | **12** | **16** | **20** |
| **Possible****3** | **3** | **6** | **9** | **12** | **15** |
| **Unlikely****2** | **2** | **4** | **6** | **8** | **10** |
| **Extremely unlikely****1** | **1** | **2** | **3** | **4** | **5** |
| **Likelihood (L)** **Severity (S)** | **Minor injury – No first aid treatment required****1** | **Minor injury – Requires First Aid Treatment****2** | **Injury - requires GP treatment or Hospital attendance** **3** | **Major Injury****4** | **Fatality****5** |

**ACTION LEVEL: (To identify what action needs to be taken).**

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| **POINTS:** | **RISK LEVEL:** | **ACTION:** |
| 1 – 2 | NEGLIGIBLE | No further action is necessary. |
| 3 – 5 | TOLERABLE | Where possible, reduce the risk further |
| 6 - 12 | MODERATE | Additional control measures are required |
| 15 – 16 | HIGH | Immediate action is necessary |
| 20 - 25 | INTOLERABLE | Stop the activity/ do not start the activity |