GENERAL RISK ASSESSMENT

Site		**Area/Work Activity Covered**		**Risk Assessment Nº**	
Lead Assessor (Name)		**Lead Assessor** (Signature)		**Date of Assessment**	
Assessment Team (Names)		**Version No:**		**Review Date**	

			RESIDUAL		
Hazard	**Who could be harmed / How**	**Control Measures. Current, Ongoing and Proposed.**	**SEVERITY (1-6)**	**LIKELIHOOD (1-6)**	**RISK (S x L)**

OVERALL RESIDUAL RISK	**LOW** / **MEDIUM** / **HIGH** (delete as required)

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Reviewed by:		**Signature:**		**Date:**	

Reason for the Review (tick relevant column)													
Scheduled review		**Accident / Near Miss**		**Change of staff**		**Change of equipment**		**Change of site layout**		**Change of process**		**Other**	

SEVERITY RATING		**LIKELIHOOD RATING**	
0	NO INJURIES	0	HIGHLY UNLIKELY
1	MINOR INJURIES TO ONE PERSON	1	OCCURS VERY RARELY, IMPROBABLE
2	MINOR INJURIES TO MORE THAN ONE PERSON	2	OCCURS RARELY, OCCURS
3	MAJOR INJURY TO ONE PERSON	3	LIKELY
4	MAJOR INJURY TO MORE THAN ONE PERSON	4	VERY LIKELY
5	DISABLING INJURY OR DEATH	5	ALMOST CERTAIN
6	MORE THAN ONE DISABLING INJURY OR DEATH	6	CERTAIN

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SEVERITY	LIKELIHOOD						
	0	1	2	3	4	5	6
	1	1	2	3	4	5	6
	2	2	4	6	8	10	12
	3	3	6	9	12	15	18
	4	4	8	12	16	20	24
	5	5	10	15	20	25	30
	6	6	12	18	24	30	36

Unacceptable Risk - measures must be taken / work stopped

High Risk - measures should be taken to control/reduce risks

Medium Acceptable Risk - seek advice where necessary

Very Low - Adequately controlled risk