



11.2 Health & Safety Risk Assessment Template

ACTIVITY		ASSESSOR	
REFERENCE		DATE	

ACTIVITY/ELEMENT/TASK [List details of the activity/task to which this risk assessment related]	HAZARDS [List hazards associated with the activity planned]
WHO IS AFFECTED BY THIS ACTIVITY [List those who may be affected or impacted by the activity planned]	INTERFACE WITH OTHER OPERATIONS

SEVERITY	L/H	M/H	H/H	Plot assessment of severity v likelihood and highlight value obtained.
	L/M	M/M	H/M	H/H - avoid whenever possible
	L/L	M/L	H/L	L/L - may be ignored
	LIKELIHOOD			All other values: control or minimise risk

INITIAL ASSESSMENT					
SEVERITY	H	Fatality, Major Injury or Illness Causing Long Term Disability	LIKELIHOOD	H	Certain or Near Certain To Occur
	M	Injury or Illness Causing Short Term Disability		M	Reasonably Likely to Occur
	L	Other Injury or Illness		L	Very Seldom or Never Occurs

PROTECTION MEASURES: specific measures required to avoid or minimise risk using hierarchy of controls

[List any control measures for the activity planned]

UPDATED ASSESSMENT ONCE CONTROL MEASURES ARE IN PLACE					
SEVERITY	H	Fatality, Major Injury or Illness Causing Long Term Disability	LIKELIHOOD	H	Certain or Near Certain to Occur
	M	Injury or Illness Causing Short Term Disability		M	Reasonably Likely to Occur
	L	Other Injury or Illness		L	Very Seldom or Never Occurs

Name [Insert Name] Position [Insert Position Held/Role]

Signed [Sign] Date [Insert Date]



Receipt of Health & Safety Policy

I confirm that I have received, read and understand this Health & Safety Policy, including its annexed Appendices as dated 31 March 2021, and agree to take reasonable care of my own health and safety and to carry out my individual obligations as declared in this Policy and any subsequent published revisions.

Signed

Staff Member Name

DateApril 2021.....