|  |
| --- |
| **Risk Identification and Risk Control Worksheet**Event/Activity: Event Date: Date of Assessment: Undertaken by: |
| ***Please refer to the OHS Risk Calculator located on the back page to ascertain the Risk Rating. The Risk Ratings are to be agreed to in consultation with relevant staff from the area concerned.*** |
| **Identified Hazards**(List all known hazards) | **Identified Risks** | Risk Rating | Risk Control Measures(list all control measures) | Risk Rating |
| How Severe? | How Likely? | Risk |  | How Severe? | How Likely? | Risk |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**CONSULTATION**

*All those who took part in the risk assessment process should sign this form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | **Name** | **Name** | Name | Name |
|  |  |  |  |  |
| **Sign** |  | **Sign** |  | **Sign** |  | **Sign** |  | **Sign** |  |
| Date |  | **Date** |  | **Date** |  | **Date** |  | **Date** |  |
| **Risk Identification Authorisation:** *To be completed by Councils OHS/Risk officer.*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have reviewed this risk identification and risk control worksheet and:* Concur with the assessment and controls and approve this risk assessment:

YES NO* Request further information regarding the assessment / controls:

YES NO * Confirm that a Work Method Statement (WMS) has been developed:

YES NO Reference No:**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: / /  |   |
|  |  |  |  |
| Council Use Only |
| Date Received by the OHS Unit |  | Risk Controls checked for suitability for identified Hazards |  |
| Referred for further Investigation / Action  |  |  |  |

**APPENDIX 1**

Qualitative measures of **likelihood Qualitative risk analysis matrix – level of risk**

|  |  |
| --- | --- |
| **Likelihood** | **Consequences** |
|  1 Insignificant | 2 Minor | 3 Major | 4 Catastrophic |
| A (very likely) | H | H | E | E |
| B (likely) | M | H | E | E |
| C (unlikely) | L | L | H | E |
| D (highly unlikely) | L | L | H | H |

|  |  |  |
| --- | --- | --- |
| **Level**  | **Descriptor** | **Description** |
|  **A** | Very Likely | Is expected to occur in most circumstances |
| **B** | Likely | Will probably occur in most circumstances |
| **C** | Unlikely | Could occur at some time |
| **D** | Highly Unlikely | May occur only in exceptional circumstances |

Qualitative measures of **consequence or impact**

|  |  |  |
| --- | --- | --- |
| **Level**  | **Descriptor** | **Example and detail description** |
| **1** | Negligible Injuries (**Insignificant**) | No injuries, low financial loss |
| **2** | Minor Injuries(**Minor**) | First aid treatment, on-site release immediately contained, medium financial loss |
| **3** | Major Injuries(**Major**) | Extensive injuries, loss of production capability, off-site release with no detrimental effects, major financial loss |
| **4** | Fatality(**Catastrophic**) | Death, toxic release off-site with detrimental effect, huge financial loss |

**Legend:** E: extreme risk; immediate action required

 H: high risk; senior management attention needed

 M: moderate risk; management responsibility must be specified

 L: low risk; manage by routine procedures