**Task-Specific Risk Assessment**

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| **Name of Business** |  |
| **Department/Location** |  |
| **RA Number** |  |
| **Title** |  |

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| **General description of activity** |
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|  | **Likelihood (Chances of occurrence)** |  | **Severity (Outcome)** |
| **2** | Remote possibility | **2** | Negligible injury |
| **4** | Unlikely | **4** | Minor injury |
| **6** | Possible | **6** | Major injury or disability |
| **8** | Very likely | **8** | Death |
| **10** | Certainty | **10** | Multiple deaths |

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| **Before Controls** |
| **Hazards** |  **Likelihood x Severity = Risk Rating** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

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| **LOW****(1-30)** | **MEDIUM****(31-40)** | **HIGH****(40-80)** | **VERY HIGH****(81-100)** |

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| **Who might be harmed?** |
| **1** | Employees |
| **2** | Contractors |
| **3** | Visitors / Customers |
| **4** | Vulnerable people e.g. pregnant women |

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| **Controls** |
| Detail all appropriate controls stating whether they are currently in place. Where an appropriate control is identified but not operational tick the No column and detail further action in the table below | **IN-SITU** |
| **YES** | **NO** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **Risk Rating After Controls** |
| **Hazards** |  **Likelihood x Severity = Risk Rating** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LOW****(1-30)** | **MEDIUM****(31-40)** | **HIGH****(40-80)** | **VERY HIGH****(81-100)** |

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| **Specify any further action required**  | **Date completed** |
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| **Assessment completed by:** |  |
| **Date:** |  |
| **Signed:**  |  |
| **Confirmation that detailed controls with be implemented at all material times:** |  |
| **Signed:** |  |
| **Date:** |  |
| **Position:** |  |