**Task/Job: Date:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RISK RATING CHART | | **Potential** **Consequences** | | | | **Definitions** | | | |
|  | | Major | Serious | Medium | Minor | Likelihood | | Potential Consequences | |
| 🡺 Likelihood of Event 🡺 | **Certain** | **H** | **H** | **H** | **M** | **Certain** | Event may occur at any time | **Major** |  |
| Death or disability |
| **Likely** | **H** | **H** | **M** | **M** | **Likely** | Event will probably occur in most circumstances | **Serious** | Extensive injuries or serious long-term effects to health |
| **Moderate** | **H** | **H** | **M** | **L** | **Moderate** | Event may occur at some time | **Medium** | Medical Treatment from a doctor, or serious short-term effects to health |
| **Unlikely** | **H** | **M** | **L** | **L** | **Unlikely** | Small possibility event may occur at some time | **Minor** | First aid treatment minor effects to health |
| **Rare** | **M** | **M** | **L** | **L** | **Rare** | Event may only occur in exceptional circumstances |  |

**Process:** a) Refer to definitions and determine your assessment of Likelihood and Consequences i.e. L, M or H (The block where the two definitions intersect on the chart above)

b) Assess required action from section below

c) Record outcomes and required action/s in the section at the bottom of the form

|  |  |  |  |
| --- | --- | --- | --- |
| **H** |  | High Risk | **REQUIRED ACTION:** Ensure the risk is isolated and refer to manager immediately. If manager not available, take all reasonable steps to eliminate risk in interim. |
| **M** |  | Moderate Risk | **REQUIRED ACTION:** Ensure the risk is isolated and determine controls with designated personnel as soon as possible. |
| **L** |  | Low Risk | **REQUIRED ACTION:** Communicate risk and determine controls with designated personnel in a timely manner. |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Potential Hazard/s being assessed** | **Risk Rating** |  | **E**liminate **I**solate  **M**itigate | **Behaviour or action required** | **Initials of person assessing** |
|  |  |  |  |  |  |  |
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