

Your business name

Logo, ABN, address, phone and email

Risk Assessment Form

Blank form for your business to fill in

DESCRIPTION AND OBJECTIVE OF THE ASSESSMENT	LAST REVIEW DATE	NEXT REVIEW DATE
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Assessment type: ☐ Activity / task ☐ Area of site ☐ Equipment ☐ Other: _____

Person(s) completing this assessment

1. NAME	2. NAME	3. NAME
1. POSITION	2. POSITION	3. POSITION

Site details

COMPANY	STREET	SUBURB	POSTCODE
STATE	COUNTRY		

Risk rating: likelihood × consequence

		CONSEQUENCE				
		1 Minor	2 Moderate	3 Major	4 Severe	5 Catastrophic
LIKELIHOOD	5 Almost certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5

BAND	SCORE	ACTION REQUIRED (YOUR BUSINESS DECIDES)
 Low	1–4	
 Medium	5–8	
 High	9–15	
 Extreme	16–25	

Rating = likelihood × consequence, before and after controls.

Blank form. The business using it fills it in and is responsible for what it says. Check what your state requires with your work health and safety regulator.

Hazards (L = likelihood, C = consequence, each 1 to 5)

#	HAZARD	WHAT COULD CAUSE IT	L	C	RATING	CONTROL MEASURES	RESIDUAL L	RESIDUAL C	RESIDUAL RATING	WHO'S RESPONSIBLE	BY WHEN
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Reviewed and approved by

NAME	POSITION	SIGNATURE	DATE
COMMENTS			