|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assessment Ref:** | |  | **Location** |  | | **Activity** | |  | | |
| **Date of 1st Assessment** | |  | | **Risk Assessor(s)**  **(Worker Representative)** | |  | | | | |
| **Scope of Assessment e.g. details of process or activity, what the assessment will include** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Record of Reviews** | | | | | | **Likelihood and Severity Ratings and Guidance** | | | | |
| **Date Review Completed** | **Reason for Review** | | | | **Risk Assessor** | **Severity Rating (SR)** | | | **Likelihood Rating (LR)** | |
|  |  | | | |  | 1 | None | | 1 | Highly Unlikely |
|  |  | | | |  | 2 | Minor Injury or illness | | 2 | Unlikely |
|  |  | | | |  | 3 | Over 7 Day Injury or illness | | 3 | Possible |
|  |  | | | |  | 4 | Major Injury or illness | | 4 | Likely |
|  |  | | | |  | 5 | Fatal | | 5 | Highly Likely |

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| --- | --- | --- | --- | --- | --- | --- |
| **Risk Evaluation Matrix** | | | | | | |
| **P x S = Risk** | | **Severity (Outcome)** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Probability**  **(Likelihood)** | **5** | **5**  **Mod** | **10**  **Mod** | **15**  **Sig** | **20**  **High** | **25**  **High** |
| **4** | **4**  **Low** | **8**  **Mod** | **12**  **Sig** | **16**  **high** | **20**  **High** |
| **3** | **3**  **Low** | **6**  **Mod** | **9**  **Mod** | **12**  **Sig** | **15**  **Sig** |
| **2** | **2**  **Low** | **4**  **Low** | **6**  **Mod** | **8**  **Mod** | **10**  **Mod** |
| **1** | **1**  **Low** | **2**  **Low** | **3**  **Low** | **4**  **Low** | **5**  **Mod** |

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| **High**  **16 - 25** | **High Risk - Unacceptable**  Control measures must be introduced to reduce the degree of risk prior to the activity/ process proceeding. |
| **Significant**  **12 - 15** | **Significant Risk – Priority Action Required**  Immediate review of controls must be undertaken, interim controls may be necessary in order for activity/process to continue. |
| **Moderate**  **5 - 10** | **Moderate Risk - Tolerable**  Activity/process can continue, but additional controls may need to be introduced to further reduce the risk prior to start of task |
| **Low**  **1 - 4** | **Low Risk - Acceptable**  Risk is being adequately controlled; but further control measures may further reduce the risk. |

| **Hazard** | **Who Might Be Harmed** | **Existing Control Measures**  **(if any)** | **Initial Risk Rating** | | | **Additional Control Measures**  **(if required)** | **Final Risk Rating** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SR** | **LR** | **Risk Level** | **SR** | **LR** | **Risk Level** |
| **Example:**  Trailing cables | Staff  Student  Contractor  Visitor | Cables taped down.  Warning signs in place.  Weekly visual inspection. | 4 | 3 | 12 | Reorganise room so cables do not trail.  Monitor use of additional, unnecessary equipment.  Daily visual inspection. | 4 | 1 | 4 |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |
|  | Staff  Student  Contractor  Visitor |  |  |  |  |  |  |  |  |

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| **Action Plan** | | | | |
| **Risk or Activity** | **Additional Controls and Actions required** | **Action Owner** | **Target Date** | **Completion Date** |
| **Example** | Reorganise room so cables do not trail.  Monitor use of additional, unnecessary equipment.  Daily visual inspection. | Department Manager | 4 weeks |  |
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| **Covid-19 Working Safely Declaration**  **This assessment must be signed by the Faculty Dean, Director, or Senior Manager responsible for this authorised activity; to confirm that it cannot be performed remotely and that all necessary control measures to minimise the risk of spread of infection have been implemented and are effectively monitored.** | | | |
| **Name** |  | **Position/Job Title** |  |
| **Date** |  | **Review Date** |  |