Health, Safety Risk Assessment

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Title:								P	RA number:					
Location:								Review date: annually Reviewed by:						
Assestment completed by:														
Signature								Assessment Date:						
								Issue number:						
Job Number														
Likelihood Rating (L)	Assessment	Severity Rating ((S)		Likely result		Risk Rat	Risk Rating (L x S)						
Rating 1	Almost impossible to occur	Rating 1		No injury accident or incident		0 – 8 (Low Risk)								
Rating 2	Unlikely	Rating 2		Minor injury or illness (first- aid only)										
Rating 3	Likely	Rating 3		"3-Day" injury or illness (RIDDOR)			9 – 15 (Medium Risk)							
Rating 4	Very likely	Rating 4		Major injury or illness (broken bones)(RIDDOR)										
Rating 5	Almost certain	Rating 5		Fatality or disabling injury			16 + (High Risk)							
People at risk	S= Staff	C= Contractors			V=Vis	sitors/pub	olic		20 : (
			Por	ople at	e at risk Risk Evaluation		Pefore		Risk Evaluation After			Additional Control Measures		
Hazard	Risk								Existing Control Measures			(If Required)		
1142414			S	С	V	Likelihood	Severity	Risk Result	•	Likelihood	Severity	Risk Result		
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PERSONAL PROTECTIVE EQUIPMENT REQUIRED (PPE)														
High Viz PPE REQUIRED	Safety Footwear Safety I PPE REQUIRED PPE REQUI			rotecti		∠	Safety Ey		Safety Gloves PPE REQUIRED PPE R	Mask EQUIRED		Harness PPE REQUIRED	Other .	

Risk Assessment discussed with staff prior to work starting (Sign Below)						
Name (Print and signature)	Name (Print and signature)					
Name (Print and signature)	Name (Print and signature)					
Name (Print and signature)	Name (Print and signature)					