



Title: Risk Assessment	Document No.:	Approved By:
Author:	Revision No.:	Date Approved:

Method Statement / Risk Assessment Number:

Risk Assessment Summary

Intended Work Area	Building:		Location Number:	
Description of Work:				
Equipment Used:				

Personnel Exposed to Risk

Employees		Comments:
Other Workers		
General Public		

Physical Injury Hazards	Physical Agents	Material / Equipment Handling
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Mobile Equipment	Ionizing Radiation	Lifting
Access Equipment	Lasers	Pulling / Pushing
Moving Parts	Ultraviolet Light	Miscellaneous
Moving Material	Cold Objects	Weather
Falls from Height	Hot Objects	Working Alone
Slips, trips, falls	Temperature	Confined Space
Excavations	Noise/Vibration	Environmental
Pressurized systems	Hazardous Substances	Restricted Access
Electrical	Micro-organisms	Other (see below)
Hot Works / Fire	Fumes / Vapours	
Explosion	Dust	

If other, specify:

Site Specific Conditions:

Risk Evaluation Matrix

Score: 1, 3 or 9 Likelihood: Unlikely / Possible / Likely Severity: Minor / Moderate / Major	Likelihood (a) 1, 3 or 9	Severity (b) 1, 3 or 9	Risk Index (a x b) 1 through 81 possible
Physical Injury			
Physical Agents			
Hazardous Substances			
Material / Equipment Handling			
Miscellaneous			
Other			

Key Risk(s)

Control Measure(s) to be implemented – see page 2

Assessed by (print & sign):	Date:
Title / Position:	



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Control Measures

Residual Risk Matrix			
Score: 1, 3 or 9 Likelihood: Unlikely / Possible / Likely Severity: Minor / Moderate / Major	Likelihood (a) 1, 3 or 9	Severity (b) 1, 3 or 9	Risk Index (a x b) 1 through 81 possible
Physical Injury			
Physical Agents			
Hazardous Substances			
Material / Equipment Handling			
Miscellaneous			
Other			