

## RISK ASSESSMENT FORM (To be completed for all events)

<b>TASK/ACTIVITY</b>		<b>VENUE/ROOM/AREA</b>	Jubilee Square
<b>DATE</b>		<b>REVIEW DATE</b>	
<b>ASSESSOR</b>		<b>SIGNATURE</b>	

Likelihood	x	Severity
Very Unlikely	1	Minor injury, No time off
Unlikely	2	Injury and up to three days off
Likely	3	Reportable Condition
Very Likely	4	Major injury/Long term absence
Certain	5	Death

Select the Likelihood and multiply by selected Severity to give the Risk Rating.

**Risk Rating**  
**High = 16-25, Medium = 9-15, Low = 1-8**

	DESCRIPTION OF HAZARD	CONSEQUENCE OF HAZARD	PERSONS AT RISK	CURRENT CONTROL MEASURES	RISK L X S = H,M,OR L
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

RECOMMENDED CONTROL MEASURES		Revised Risk L X S = H,M,OR L	MANAGEMENT ACTION PLAN & IMPLEMENTATION DATE(S)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Signature of Manager			
Name of Manager			
Date			