

RISK ASSESSMENT FORM

Workplace		Doc Ref:	
Risk Assessor			
Room/Area			
Task/Activity			
Date		Review Date	

Description of Hazard	
Consequence of Hazard	
Persons at Risk Young people, leaders parent helpers	
Current Control Measures	
Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating	
Likelihood : 1 2 3 4 5	Severity : 1 2 3 4 5
Risk (Likelihood x Severity)	
Risk Priority Rating	High (16 – 25) Medium (9 – 15) Low (1 – 8)
Recommended Control Measures	
<ul style="list-style-type: none"> • • • 	
Revised Risk Priority Rating (L) x (S) =	High (16 – 25) Medium (9 – 15) Low (1 – 8)

Management action taken and implementation date(s)

Signature of Manager	
Name of Manager	
Date	