

# Risk Assessment

Event:

Date:

Organisations Name:

Department:

Key: Risk of injury: Low - minor Medium - significant High - fatal  
 Probability of incident: Low - unlikely Medium - possible High - probable

Activity	Risk	Risk of Injury	Probability of Incident	Control Measures	Review Date

Event:

Site assessment date:

Assessment written by:

Signature(s)

Date:

# Risk Assessment

Activity	Risk	Risk of Injury	Probability of Incident	Control Measures	Review Date

Event:

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