



DATE of Assessment:		ASSESSMENT No	
Assessed by (Name):			
NATURE OF ACTIVITY:			DATE OF ACTIVITY:
LOCATION:		NEXT REVIEW DATE:	
Approved by		APPROVAL DATE:	[

Hazard	Persons at Risk & Nature of harm	Current Control Measures	Risk Rating Severity x Likelihood	Additional Control Measures Required <i>(Further action required)</i>	Revised Risk Rating	Action by who	Action by when	Date action complete

Risk rating Severity	Likelihood of Harm				
	1 Very unlikely	2 Unlikely	3 – 50 / 50 likelihood	4 – Likely	5 – Very likely / certainty
1 – Minor injury or illness	Low	Low	Low	Low	Medium
2- Moderate injury or illness	Low	Low	Medium	Medium	High
3- “3 day injury” or illness	Low	Medium	Medium	High	High
4- Major injury or illness	Low	Medium	High	High	High
5- Fatality	Medium	High	High	High	High

Risk rating	Action to follow
Low	No additional actions. Ensure controls in place are maintained.
Medium	Improve risk reduction measures within specified timescale.
High	Stop or restrict activity and make appropriate improvements immediately

Hazard	Persons at Risk & Nature of harm	Current Control Measures	Risk Rating Severity x Likelihood	Additional Control Measures Required <i>(Further action required)</i>	Revised Risk Rating	Action by who	Action by when	Date action complete

All members of staff and where relevant students affected by this risk assessment are to sign and date to confirm they have read and understood it and will abide by it.

NAME	SIGNATURE	DATE

DATE of Assessment

ASSESSMENT No

Assessed by