

# Risk Assessment



## Event or activity details

Name of assessor

Team

Venue

Date and time of event

Task or activity being assessed

Other details

## Risk matrix

|                | Consequence   |          |          |          |              |
|----------------|---------------|----------|----------|----------|--------------|
| Likelihood     | Insignificant | Minor    | Moderate | Major    | Catastrophic |
| Almost certain | Moderate      | Moderate | High     | High     | Extreme      |
| Likely         | Moderate      | Moderate | Moderate | High     | Extreme      |
| Possible       | Low           | Moderate | Moderate | High     | High         |
| Unlikely       | Low           | Low      | Moderate | Moderate | High         |
| Rare           | Low           | Low      | Low      | Moderate | Moderate     |

Risk assessment

| Specific task/activity | Potential Hazard | Likelihood | Consequence | Class of Risk | Control measure |
|------------------------|------------------|------------|-------------|---------------|-----------------|
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |
|                        |                  |            |             |               |                 |

Employee recommendations

Your name

Signature

Date

WHS Advisers name

Signature

Date