

Risk Management Form

2

Appendix

FORM 1: RISK MANAGEMENT

Fill in one form for each hazard identified at the workplace.

Form completed by: _____		(sign) (print) Date form completed: / /		Reference No: _____		
HAZARD IDENTIFICATION						
Hazard: _____						
Associated Risk: _____						
Specific circumstances relating to the risk: _____						
Persons at risk: _____						
Is the risk: <i>(circle one)</i>						
• Minor		→ attend to straight away				
• Issue with a regulation/standard/code/guide		→ refer to relevant regulation, standard, code or guide				
• Other		→ continue				
RISK ASSESSMENT						
Existing control measures (if any): _____						
Likelihood: <i>(tick box)</i> very likely <input type="checkbox"/>		likely <input type="checkbox"/>		unlikely <input type="checkbox"/>		
Consequences: <i>(tick box)</i> extreme <input type="checkbox"/>		major <input type="checkbox"/>		moderate <input type="checkbox"/>		
minor <input type="checkbox"/>						
Risk rating <i>(Refer to Risk Priority Chart below)</i> : _____						
RISK CONTROL						
Possible control options: _____						
Preferred control options (and why): _____						
IMPLEMENTATION PLAN						
Control Option	Associated activities	Resources required	Person(s) responsible	Proposed implementation date	Sign off & date	Scheduled review date
REVIEW						
Are control measures in place?						
• Yes						
• No, Comment: _____						
Are controls minimising the risk?						
• Yes						
• No, Comment: _____						
Are there any new problems with the risk?						
• No						
• Yes, Comment: _____						

Risk Priority Chart (full chart in standard)

Likelihood	Consequences			
	Extreme	Major	Moderate	Minor
very likely	1	2	3	4
likely	2	3	4	5
unlikely	3	4	5	6
very unlikely	4	5	6	7

21