|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk management plan – single risk** | | | | |
| Company name: | | | Completed by: | |
| Work area: | | | Date completed: | |
| **Hazard identification** | | | | |
| Hazard: | | | | |
|  | | | | |
| **Risk assessment** | | | | |
| What harm could the hazard cause? |  | | | |
|  | | | |
| What is the likelihood of this happening |  | | | |
|  | | | |
| Persons at risk |  | | | |
| Existing control measure |  | | | |
|  | | | |
| Consequence |  | | | |
| Likelihood |  | | | |
| Outcome |  | | | |
| **Control measures** | | | | |
| Elimination |  | | | |
|  | | | |
| Substitution |  | | | |
|  | | | |
| Isolation |  | | | |
|  | | | |
| Engineering |  | | | |
|  | | | |
| Administrative or PPE |  | | | |
|  | | | |
| Preferred control option |  | | | |
|  | | | |
| **Implementation** | | | | |
| Associated activities | | Resources required | Person(s) responsible | Sign off and date |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **REVIEW**  **Scheduled review date**: / / | | | | |
| Are the control measures in place? | | | | |
|  | | | | |
| Are the controls eliminating/minimising the risk? | | | | |
|  | | | | |
| Are there any new problems with the risk? | | | | |
|  | | | | |
|  | | | | |

*Adapted from: Workplace Health and Safety Queensland – How to manage work health and safety risks code of practice. 2011*