RISK ASSESSMENT FORM for EVENTS

Name of Event:-						PERSONNEL AFFECTED - KEY								
								Young Volunte	People ers	YP V	Contractors	С		
Location:						RISK RATING								
						Severity					Likelihood			
Date of Event:-						Fatality, disa	abling in	iurv.etc.	5		Almost certain	5		
					Major Injury or illness			4		Very likely	4			
Completed by:-					3 day' injury or illness			3		Likely	3			
						Minor Injury or illness			2		Unlikely	2		
						First aid inju			1		Very unlikely	1		
ALL PREVENTATIVE ACTION/CONTROL TO BE IN PLACE BY DATE OF EVENT						No injury or illness			0		zero to very low	0		
								New						
			Risk					Rat	_					
	Personnel		(Severity x			ed Preventative		,	(Severity x		Name of Person			
Activity	Affected	Identified Hazards	Likelihood)		Ac	tion/Control		Likelil	hood)		Responsible			

RISK ASSESSMENT FORM - continuation sheet for multiple use if needed.									of				
ALL PREVENTATIVE ACTION/CONTROL TO BE IN PLACE BY DATE OF EVENT													
			Risk (Severity x Likelihood)		5.			New Risk Rating					
A salte da .	Personnel				Planned Preventative Action/Control					of Person			
Activity	Affected	Identified Hazards					(Severity x		Responsible				