**RISK ASSESSMENT TEMPLATE**

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| **Hazard Identification and Risk Assessment Template** |
| **Name of Event:** |  |
| **Date of Event:** |  | **Risk Management Team:** |  |
| **Location of Event:** |  | **Site Supervisor:** |  |

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| **RISK IDENTIFIER** | **CONSEQUENCE** |
| **Catastrophic** | **Critical** | **Major** | **Minor** |
| **LIKELIHOOD** | **Frequent**Likely to occur regularly | **1** | **3** | **7** | **13** |
| **Probable**Will occur several times | **2** | **5** | **9** | **16** |
| **Occasional**Unlikely but reasonably expected to occur | **4** | **6** | **11** | **18** |
| **Remote**Unlikely but possible to occur | **8** | **10** | **14** | **19** |
| **Improbable**So unlikely it may not be experienced | **12** | **15** | **17** | **20** |

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| **CONSEQUENCE TABLE** |
| **Catastrophic** | **Critical** | **Major** | **Minor** |
| * Death or permanent total disability
* Prevent the infrastructure, system or equipment from meeting the primary operational requirements
* Funding exhausted due to mismanagement or misappropriation
 | * Permanent partial disability, or temporary total disability in excess of 30 days
* Significantly degrades the infrastructure, systems or equipment’s ability to perform its primary task
* Requires significant additional funding, or redistribution budget or termination and/ or reduction of other initiatives
 | * Temporary partial disability less than 30 days, hospitalisation, emergency medical treatment, injury or illness eligible for compensation
* Temporary loss of one or more significant capabilities within the infrastructure, system or equipment
* Requires significant redistribution of existing budget
 | * First aid or minor supportive medical treatment
* Temporary degradation or loss of one or more capabilities within the infrastructure, system or equipment.
* Requires monitoring and corrective action within existing cost centre budget
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| **Identify the Hazard/s associatedwith each task** | **Identify the Risk****What can happen? How can it happen?** | **Risk Rank Before Controls** | **Controls to address identified risks** | **Risk Rank After Controls** |
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Name of Assessor: –––––––––––––––––––––––––––––––––––––––––––

Date of Assessment: ––––––––––––––––––––––––––––––––––––––––––