|  |  |
| --- | --- |
|  | **RISK ASSESSMENT** |
| **ACTIVITY:** |  | **RA No.**  |  |
| **DATE** |  |
| **LOCATION:** |  | **PROJECT:** |  |
| **EQUIPMENT TO BE USED** | **SUBSTANCES TO BE USED** | **REVISION STATUS** |
|  |  | **REVISION NUMBER** | **REVISED DATE** |
|  |  |
|  |  |
| **POTENTIAL HAZARDS / CONDITIONS CONSIDERED (TICK BOX)** | **PERSONS AT RISK (TICK BOX)** |
| [ ]  FALL FROM HEIGHT  [ ]  FALLING OF MATERIALS [ ]  LIFTING OPERATION[ ]  FIRE RISK | [ ]  ELECTRICITY [ ]  MANUAL HANDLING[ ]  COSHH[ ]  ADVERSE WEATHER | [ ]  DEEP EXCAVATION[ ]  SLIPS / TRIPPING[ ]  ENVIRONMENTAL RISK[ ]  GENERAL PUBLIC  | [ ]  EMPLOYEES | [ ]  PUBLIC |
| [ ] SUBCONTRACTORS | [ ]  |
| [ ]  VISITORS | [ ]  |
| **MANDATORY HSE REQUIREMENTS (TICK BOX)** |
| [ ]  SAFETY INDUCTION[ ]  TOOL BOX TALK[ ]  PROPER PPE[ ]  SAFE WORK PLACE | [ ]  WORK PERMIT[ ]  PROPER TOOLS / EQUIPMENTS[ ]  PROPER SUPERVISION[ ]  PROPER BARRICADE AND WARNING SIGN IN THE AFFECTED AREA |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENT (TICK BOX)** |
| [ ]  SAFETY HELMET[ ]  SAFETY BOOTS[ ]  GOGGLES / SPECTACLE | [ ]  GLOVES[ ]  MASK[ ]  OVERALLS | [ ]  EAR PLUGS / DEFENDERS[ ]  RESPIRATORY / BREATHING APPARATUS[ ]  FULL BODY SAFETY HARNESS |
| **TO REFER OTHER RISK ASSESSMENTS** |
|  |
|  |
|  |
| **RISK LEVEL** |
| **H** (**HIGH**-Potential to cause death or permanent injury) **M** (**MEDIUM** – Potential to cause loss time injury) **L** (**LOW** – An injury treatable with First Aid) |
| **LIKELIHOOD (L)** | **SEVERITY (S)** | **CLASS OF RISK (L X S)** | **RISK MATRIX** |
| 1. **IMPROBABLE.**
2. **REMOTE.**
3. **PROBABLE**
4. **OCCASIONAL.**
5. **FREQUENT**
 | 1. **NEGLIGIBLE.**
2. **MINOR.**
3. **REPORTABLE.**
4. **SERIOUS.**
5. **CATASTROPHIC.**
 | **HIGH = 15 – 25****MEDIUM = 07 – 14****LOW = 01 - 06** | **LIKELIHOOD (L)** | **5** | **5** | **10** | **15** | **20** | **25** |
| **4** | **4** | **8** | **12** | **16** | **20** |
| **3** | **3** | **6** | **9** | **12** | **15** |
| **2** | **2** | **4** | **6** | **8** | **10** |
| **1** | **1** | **2** | **3** | **4** | **5** |
|  |  | **1** | **2** | **3** | **4** | **5** |
| **SEVERITY (S)** |

1.

|  |  |  |
| --- | --- | --- |
|  | **RISK ASSESSMENT** | **RA No:**  |
| **WRITE ACTIVITY NAME HERE** |
| **S. N.** | **Activity** | **Hazard** | **Risk** | **L X S** | **L** | **M** | **H** | **Control measures** | **Responsible Person** | **Residual risk** |
| 01 |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |
| **Conducted by****…………………………………………………………………………………..** | **SIGNATURE:** | **Date** |
| **Approved by****…………………………………………………………………………………..** | **SIGNATURE:** | **Date** |