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|  | | | | **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** | | | | | | | | | | | | | | | | | | | | |
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| **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)** | | | | | |



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|  | | | **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** | |