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| ***Risk Rating System***  *Severity or most likely consequence*  *Likelihood of the incident occurring* | 1  2  3  *1 = Minor/ No Injury*  *2 = Lost Time Injury*  *3 = Major Injury/ Fatality*  *1 = Unlikely/ Infrequent*  *2 = Possible/Occasional*  *3 = Likely/ Frequent* |
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|
| *Risk Rating = Likelihood x Severity* | *1 or 2 = Low Risk/ Priority*  *3 or 4 = Medium Risk/ Priority*  *6 or 9 = High Risk/ Priority* |

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| Organisation Name: |  |
| Location / Department: |  |
| Risk Assessor’s Name: |  |
| Risk Assessment Date: |  |

Assessment

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| **Description of Hazard** | **Who could be harmed and how?** | **Existing Control Measures** | **Risk Rating (1-9)** | **Additional Action Required (Yes / No)** | **Action Ref. No.** |
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Action Plan

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| **Action Ref. No.** | **Action Required** | **Completion Deadline** | **Responsible Person(s)** | **Completion Date** |
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| Date for Next Review: |  |