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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Assessment Form** | | | | | | | | | | | | | |
| **Division:** | | | | | | **Source of Risk:** | | | | | | | |
| **HG/CHO/NAS/Function:** | | | | | | **Primary Impact Category:** | | | | | | | |
| **Hospital Site/Service:** | | | | | | **Risk Type:** | | | | | | | |
| **Dept/Service Site:** | | | | | | **Name of Risk Owner (BLOCKS):** | | | | | | | |
| **Date of Assessment:** | | | | | | **Signature of Risk Owner:** | | | | | | | |
| **Unique ID No:** | | | | | | **Risk Co-Ordinator:** | | | | | | | |
| **Objective being impacted:** | | | | | | **[[1]](#footnote-1)Risk Assessor(s):** | | | | | | | |
| **[[2]](#footnote-2)HAZARD & RISK DESCRIPTION** | | | **EXISTING CONTROL MEASURES** | | | | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | | | | **[[3]](#footnote-3)ACTION OWNER** | | **DUE**  **DATE** |
|  | | |  | | | |  | | | |  | |  |
| **[[4]](#footnote-4)Inherent Risk** | | | **[[5]](#footnote-5)Residual Risk** | | | | **[[6]](#footnote-6)Target Risk** | | | **Risk Status** | | | |
| **Likelihood [1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Open** | | **Monitor** | **Closed** |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |

1. Risk Assessor required for OSH risks only. [↑](#footnote-ref-1)
2. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-2)
3. Person responsible for the action. [↑](#footnote-ref-3)
4. Rating **before** consideration of existing controls. [↑](#footnote-ref-4)
5. Rating **after** consideration of existing controls. [↑](#footnote-ref-5)
6. Desired rating **after** actions. [↑](#footnote-ref-6)