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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)