



Risk Assessment Form

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 Risk Assessor(s):						
² HAZARD & RISK DESCRIPTION				EXISTING CONTROL MEASURES			ACTIONS [ADDITIONAL CONTROLS] REQUIRED			³ ACTION OWNER		DUE DATE
⁴ Inherent Risk			⁵ Residual Risk			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.

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.

³ Person responsible for the action.

⁴ Rating **before** consideration of existing controls.

⁵ Rating **after** consideration of existing controls.

⁶ Desired rating **after** actions.