

RISK ASSESSMENT

Volunteer role:			
Ward/dept:		Assessment date:	
Assessed by:		Review date: (no more than six months from assessment date)	

No.	Work activity /environment: Identified hazard	Current corrective action	A Severity 0–5	B Likelihood 0–5	Risk rating score A x B	Further action(s) required	Person responsible for action(s)	Completion date for action(s)

Manager's signature:	PRINT NAME:	Date:
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Risk assessment criteria

A. Severity:	
5: Multiple fatalities	Multiple deaths involving any persons
4: Fatality	Single death of any person
3: Major	Major/serious injuries. High environmental implications. Major financial loss. Major loss of reputation. Major business interruption. Multiple patients affected/needing treatment.
2: Serious	Medical treatment required. Moderate environmental implications. High financial loss. Moderate loss of reputation. Moderate business interruption.
1: Minor	Additional observations. First aid treatment. Moderate financial loss.
0: Negligible	No injuries. Low financial loss.
B. Likelihood:	
5: Certain	The event is expected to occur in all circumstances.
4: Likely	The event will occur in most circumstances.
3: Moderate	The event will occur at some time.
2: Unlikely	The event could occur at some time.
1: Rare	The event may occur only in exceptional circumstances.
0: Impossible	The event cannot happen under any circumstances.

