**Risk Management Action Form**

**Fill in one form for each hazard identified at the workplace**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name of Person completed by:** |  |
| **Signature:** |  |
| **Ref: #** |  |

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| **Hazard Identification**  |
| Hazard:Associated Risk:Specific Circumstances relating to the risk:Persons at Risk:Is the risk:• Minor →attend to **straight** away • Issue with a regulation/standard/code/guide →refer to relevant regulation. standard, code or guide • Other →continue |

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| **Risk Assessment** |
| Existing control measures (if any):Likelihood: *(tick box)* 🞎 very likely 🞎 likely 🞎 unlikely 🞎 very unlikely Consequences: *(tick box)* 🞎 extreme major 🞎 moderate minorRisk rating (refer to Risk Priority Chart Below) |

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| **Risk Control**  |
| Possible control options:Preferred control options (and why): |

**Implementation Plan:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Control Option** | **Associated Activities** | **Resources Required** | **Person(s) responsible** | **Proposed implementation date** | **Sign off & date** | **Scheduled review date** |
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| **Review**  |
| Are control measures in place?* Yes
* No, Comment:

Are controls minimising the risk?* Yes
* No, Comment:

Are there any new problems with the risk?* No
* Yes, Comment:
 |

**Risk Priority Chart**

|  |  |
| --- | --- |
| **Likelihood**  | **Consequences** |
| **Extreme** | **Major** | **Moderate** | **Minor** |
| **Very Likely** |  |  |  |  |
| **Likely** |  |  |  |  |
| **Unlikely** |  |  |  |  |
| **Very Unlikely** |  |  |  |  |