

Risk Assessment

Work Activity
or Work Site / Area:

Effect on Third Party:
(Public, Visitor, Other)

YES

NO

Assessed By:

Date:

RISK ASSESSMENT:

NO CONTROLS



Electrical	Individual Behaviour / Stress Fatigue	Ignition Sources
Chemical	Hot / Cold Objects / Equipment	Buried Services
Fume / Vapour / Dust / Particles	Lighting Too Bright / Dark	Excavation / Earthworks
Mechanical Moving Plant / Equipment	Weather	Spills / Leaks
Rotating Equipment	Driving	Pressure (Stored Energy)
Transport	Falling Objects / Struck By	Biological / Bacteria
Muscular Stress	Noise	Overhead Lines / Structures / Loads
Working at Heights	Radiation	Ergonomics Handling / Lifting / Repetition
Pinch Points	Hydrocarbon / Gas Release	Fire and Explosion
Confined Spaces	Surface Conditions	Environmental
Vibrations	Tools / Equipment	Access Slips / Trips / Falls
Lines under Tension	Insect / Animal / Plant	Organisational Systems / Processes

EFFECT ▶ ▼ CHANCE	INSIGNIFICANT So minor that effect is acceptable	MINOR First aid treatment only	MODERATE Medical treatment required	MAJOR Extensive injuries	CATASTROPHIC Death
ALMOST CERTAIN A very common result at this site	3	3	4	4	4
LIKELY It has happened at this site before	2	3	3	4	4
POSSIBLE I have heard of it happening	1	2	3	4	4
UNLIKELY I have not heard of it happening	1	1	2	3	4
RARE Effect is practically impossible	1	1	2	3	3

RISK ASSESSMENT:

WITH CONTROLS



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