

**HEALTH & SAFETY RISK ASSESSMENT**

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| Risk Assessment Activity/Duty |       | Division/Department |       |

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| No. | Description of activity: | No. | Description of activity: |

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| No. | Description of activity | Hazard details | Persons at risk | Risk (severity x likelihood) (Force risk matrix refers) | Control measures (control measures required to reduce the risk to acceptable levels) | Residual Risk (Force risk matrix refers) | All control measures in place? **Yes** or **No** (if no, create action plan) |

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**This Risk Assessment MUST be reviewed at least every 12 months or if the activity changes significantly.**

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| **ACTION PLAN/FURTHER CONTROL MEASURES REQUIRED** |
| Where applicable, use this table to describe further control measures required and target dates for completion. Log should be signed off when actions are complete: |

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| No. | Control measure required: | Person responsible: | Target date: | Completion date: | Signature confirming completion: |

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| **Signed:** (assessor/s) |  | Print name/s: |       | Date: |       |
| **Signed:** (department managers) |  | Print name/s: |       | Date: |       |
| **Sent to Safety Advisor:** (for info purposes only) | Print name/s: |       | Date: |       |
| **Sent to Safety Reps:** (for info purposes only) | Print name/s: |       | Date: |       |