|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood** |  | | **Matrix** | | | | | |
| **5** | **5** | | **10** | **15** | **20** | **25** | 17-25 High  10-16 Medium  5-9 Low  1-4 Very Low |
| **4** | **4** | | **8** | **12** | **16** | **20** |
| **3** | **3** | | **6** | **9** | **12** | **15** |
| **2** | **2** | | **4** | **6** | **8** | **10** |
| **1** | **1** | | **2** | **3** | **4** | **5** |
|  | **1** | | **2** | **3** | **4** | **5** |  |
|  | | **Consequence** | | | | |  |

## Five Rivers Child Care Ltd

## Risk Assessment for:

## Activity:

**Date:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard | People/Person Affected and how | Already in place | | Assessment of Risk | | | Risk control required | Action required by | Completed |
|  | | |  |  |  |
| *Liklihood*  *Level* | *x Consq*  *Level* | *= Risk*  *Level* |  |  |  |
|  |  |  | |  |  |  |  |  |  |
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|  |  |  | |  |  |  | . |  |  |
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|  |  |  | |  |  |  |  |  |  |
|  | | |  | | | |  |  |  |

**Note: High = Unacceptable, action required**

**Assessors Name: Signature:**

**Review Date: Next Review Date:**

*Risk Assessment to be reviewed annually or before if any changes are identified in work procedures or equipment etc*