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| **Name of the Activity** | Date: |
| **RISK ASSESSMENT NUMBER:** | Next review Date: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Consequence of Occurrence** | | | | | **Probability of occurrence** | | | | |
| **A** | **B** | **C** | **D** | **E** |
| **Severity** | **People** | **Assets** | **Environment** | **Reputation** | **Rare–Has occurred in worldwide but not in the country / KFS** | **Possible- Has occurred in the country but not in KFS** | **Likely-**  **Has occurred in specific KFS** | **Often -**  **Happens several times per year in KFS** | **Frequent-**  **Happens several times per year in the same location or operation** |
| **5 Catastrophic** | Multiple fatalities or permanent total disabilities | Extensive damage | Massive effect | International impact | 5A | 5B | 5C | 5D | 5E |
| **4 Severe** | Single Fatality or permanent disability | Major damage | Major effect | National impact | 4A | 4B | 4C | 4D | 4E |
| **3 Critical** | Major injury or health effects | Local damage | Localized effect | Considerable impact | 3A | 3B | 3C | 3D | 3E |
| **2 Marginal** | Minor injury or health effects | Minor damage | Minor effect | Minor impact | 2A | 2B | 2C | 2D | 2E |
| **1 Negligible** | Slight injury or health effects | Slight damage | Slight effect | Slight impact | 1A | 1B | 1C | 1D | 1E |

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| **HIGH RISK** | **ACTION MUST BE TAKEN IMMEDIATELY TO LOWER THE RISK** |
| **MEDIUM RISK (ALARP)** | **Acceptable but must be managed at ALARP –** The hazard(s) must be managed to reduce the frequency rate and/or the severity of hazardous events to ALARP. Risk reduction Measures must be planned and documented |
| **LOW RISK** | **Acceptable without further required further action –** Corrections may be applied as resources allow |

**Risk Impact Assessment Committee/ HSEO**  **Department Head**

Name & Designation: ............................................................. Name & Designation:............................................

Signature & Date: .................................................................. Signature & Date: ................................................

| **ACTIVITIES** | **HAZARD & SOURCE** | **HAZARDS EFFECTS** | **CAUSES CONDITIONS THAT DEVELOP THE RISK** | **Severity** | **Probability** | **Risk Rank** | **SAFEGUARDS NEEDED TO CONTROL RISK TO ACCEPTABLE LEVEL** | **RISK (ALARP)** | **ACTION PARTY** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Additional information:** | | **Legal requirement:** |
| **Supervisory/ Managerial input (if needed):** | | **Personal protective equipment:** |
| **Sl. No** | **Additional Control measures identified during RA familiarization meeting before job commencement** | |
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