

TASK RISK ASSESSMENT FORM

1 Task title

2 Process title

3 Location

4 Risk assessor

5 What is the task being assessed?

6 Who are the people affected by this task? (tick boxes)

<input type="checkbox"/> Operator (s)	<input type="checkbox"/> New and expectant mothers
<input type="checkbox"/> Employees	<input type="checkbox"/> Disabled
<input type="checkbox"/> Visitors	<input type="checkbox"/> Service users
<input type="checkbox"/> Contractors	<input type="checkbox"/> Members of the public
Other <input type="text"/>	

7 What hazardous substances are being used in this task?

8 Circle a classification system: CHIP or GHS

Product Name And Code	Manufacturer	Application Method	Area	Freq. used	Quantity	Duration

9 For the identified substances, have you considered eliminating substance use, substituting the substances with a safer option or changing the substance to a safer form? (If yes, describe)

Use this to identify risk before and after controls

Very Unlikely Unlikely Possible Likely Very Likely

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[L] Likelihood of Harm

	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

[S] Severity of Harm

Nil / Negligible (Scratch, Bruise) >

Minor (First Aid) >

Moderate (Lost Time, Medical Treatment) >

Major (Broken Bone, Serious Injury, Disease) >











Extreme (Fatality, Permanent Incapacity) >

10 What are the hazards of the task? (i.e. Fire, Spillage, Waste, Disposal, WELs)

[L] : Likelihood [S] : Severity [R] : Risk Rating

Hazard from the task	Risk before			Controls in place	Risk after			Emergency Procedures
	L	S	R		L	S	R	

11 What personal protection equipment is required? (i.e. Type, Colour, BSEN Number)

 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>
 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>

12 Is there a requirement for health surveillance? (if yes, describe)

13 Review Term

Assessed by

Date

Signature