

Form	
<h2 style="margin: 0;">PERMIT TO WORK RISK ASSESSMENT FORM</h2>	

Work Order Number:		Permit to Work Number:	
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Work Details				
Company Name			Date	
Type of Work	<input type="checkbox"/> Inspection	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Installation	<input type="checkbox"/> Testing
	<input type="checkbox"/> Other (specify)			
Work Description				

Assessor Details				
Assessment completed by	Position	Contact Number	Email	Signature

Risk Matrix						Consequences	
Likelihood Severity	Rarely (1)	Unlikely (2)	Possible (3)	Likely (4)	Highly Likely (5)	People	Assets
Very High (5)	5	10	15	20	25	Death	Severe Damage
High (4)	4	8	12	16	20	Major Injury	Major Damage
Medium (3)	3	6	9	12	15	Over 3 Day Injury	Moderate Damage
Low (2)	2	4	6	8	10	Under 3 Day Injury	Slight Damage
Very Low (1)	1	2	3	4	5	Minor Injury (no lost time)	No Damage

Score	Priority	Action
1 to 4	Low	Low risk identified – Control measures to be adopted and monitored
5 to 10	Medium	Medium risk identified – Further controls may be required
11 to 25	High	High risk identified – develop / determine further controls

Approved By:	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
Signature:			
Date:			

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#	Hazard Identified	Risk Description	Consequences / Implications	Initial		Initial Score	Mitigations	Final		Final Score
				L	S			L	S	