# Activity Risk Assessment

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| **Activity** |  | | | | |
| **Prepared By** |  | **Date** |  | **Next Review Date** |  |

| **Risk Assessment** | | | **Action Required** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk Description** | **Current Controls** | **Risk Level** | **Control Measures** | **Risk Level** | **Responsible Person** | **Proposed Completion Date** |
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| *(add or remove rows as required)* |  |  |  |  |  |  |

Relevant additional information reviewed and attached?  Yes  No

Participant Training Record attached and updated?  Yes  No

# Participant Risk Assessment for Activity

The following participants have been risk assessed against the above activity. All barriers and risks are to be identified, controlled and recorded before a participant is allowed to participate in the activity.

| **Participant Name** | **Risk Description/ Barrier** | **Risk Level** | **Control Measures** | **Risk Level** | **Responsible Person** |
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| *(add or remove rows as required)* |  |  |  |  |  |

# Acknowledgement (Staff)

Your signature below indicates that you have been consulted in development of the Activity Risk Assessment and you accept and will implement the requirements of the Activity Risk Assessment and its control measures.

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| **Name** | **Position** | **Signature** | **Date** |
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| **Approved By** |  | **Position** |  |
| **Signature** |  | **Date** |  |

## Risk Tables

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| **Likelihood** | **Consequence** | | | | |
| **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** |
| **Almost Certain**  Expected to occur in most circumstances | **M** | **H** | **H** | **E** | **E** |
| **Likely**  Could happen regularly | **M** | **M** | **H** | **H** | **E** |
| **Possible**  Might happen at sometime | **L** | **M** | **M** | **H** | **E** |
| **Unlikely**  Could happen rarely | **L** | **M** | **M** | **M** | **H** |
| **Rare**  Could happen but probably never will | **L** | **L** | **M** | **M** | **H** |

## Legend

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| **Low (L)** | Manage and monitor with normal operational management practices. Ensure regulatory compliance and site-specific rules are met. |
| **Medium (M)** | Will require operational planning. Risk should be managed and monitored regularly. |
| **High (H)** | Will require operational pre-planning. Must have considerable management to reduce as low as reasonably practicable. |
| **Extreme (E)** | Immediate action required by Senior Management. Do not restart activity until risk has been controlled. |

# Participant Training Record

The following participants have been trained in the above activity and have been deemed competent to complete the activity safely.

| **Participant Name** | **Activity** | **Activity Description** | **Date and Duration** | **Conducted by (staff)** | **Participants Signature** |
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