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|  | **Activity:** |  | **Assessor:** |  | **Issue Date:** |  |
| **Location:** | Island House | **Reference No:** |  | **Revision Date:** |  |

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| **Hazards** | **Persons Affected** | **Likely Harm /**  **Ill Health** | **Existing Control Measures** | **Severity** | **Likelihood** | **Risk Rating** | **Additional Control Measures** | **Severity** | **Likelihood** | **Risk Rating** |
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| Zoom Image | **Hi-Vis** | Zoom Image | **Body** | Zoom Image | **Foot** | Zoom Image | **Eye** | Zoom Image | **Head** | Zoom Image | **Hearing** | Zoom Image | **Respiratory** | Zoom Image | **Hand** |
| **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** |

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| **Additional control(s) required** | **Responsible Person(s)** | **Deadline** | **Date Completed** | **Signature** |
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| **Severity (S) – The most likely outcome based on previous experience, knowledge and industry guidance** | | | **Likelihood (L) – How frequently will it happen, taking into account previous experience, knowledge and industry guidance** | | |
| **FATALITY**  **MAJOR**  **MODERATE**  **MINOR**  **INSIGNIFICANT** | **Single or multiple fatalities**  **Permanent disability, long term absence, Serious damage to plant or property**  **RIDDOR Reportable, over 7 day injury, GP fit note**  **Cuts, bruises**  **No damage to person or property** | 5  4  3  2  1 | **FREQUENTLY**  **REGULARLY**  **INFREQUENTLY**    **RARELY**  **FEASIBLE, BUT UNLIKELY** | Daily or weekly  Between weekly and once a quarter  Between quarterly and annually  Once every 1-5 years  Less than once every 5 years | 5  4  3  2  1 |
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| **5** | **M** | **M** | **H** | **H** | **H** |  | **H** | **High Risk** = Action Immediately |
| **4** | **L** | **M** | **M** | **H** | **H** |
| **3** | **L** | **M** | **M** | **M** | **H** | **M** | **Medium Risk** = Action within three months of completing the assessment |
| **2** | **L** | **L** | **M** | **M** | **M** |
| **1** | **L** | **L** | **L** | **L** | **M** | **L** | **Low Risk** = Action within six months of completing the assessment |
|  | **1** | **2** | **3** | **4** | **5** |

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| **Manager name:** |  |  | **Manager signature:** |  |
| **Employee name:** |  |  | **Employee Signature:** |  |