

Risk Assessment

Document name:	XXXXXXXX-9710-002-00 RiskAssessment	Project Number:	(X-XXXXXXXX		Fatality, permanent disability	L	M	Н	Н	Н	
Bocament name.	70000000000000000000000000000000000000	r roject ramber.	0000000	4 ⊈ .	Major injury or illness. Serious loss	L	M	H	H	H	
Project name:	Description ABC	Date of First Revision:	01-01-2015	yer 3	Lost time accident	L	M	M	Н	Н	
<u> </u>	'			S 2	Minor injury or illness	L	L	M	M	M	
Customer, site:	Customer XYZ	Date last Revision:	01-01-2015	1	Trivial illness or loss	L	L	L	L	L	
	N. O': N				Risk Rating Scale:	Almost never	Unlikely	Possible	Likely	Almost certain	
Prepared by:	Mr. Site Manager				High = 12 - 25	(<5%)	(5-20%)	(20-50%)	(50-90%)	(>90%)	
	Mr. Daylast Manager				Medium = 6 - 10	1	2	3	4	5	
Issued by:	Mr. Project Manager				Low = 5 & Below		Likelihood				

No.	Phase	Activity & Exposure	Hazard	Current control measures	s	L	Risk	Additional Preventative measures	RR Rating	Responsiblility for additional measures
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										



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No.	Phase	Activity & Exposure	Hazard	Current control measures	s	L	Risk	Additional Preventative measures	RR Rating	Responsiblility for additional measures
14										
15										
16										
17										
18										
19										
20										