|  |  |  |
| --- | --- | --- |
| **Date:** | **Risk Assessment**  | **Ref No:** |
| Completed By:  |
| Describe the activity or tasks/work process.Critical Task:  |   |
| Location of process being carried out? | Warehouse |
| Identify the persons at risk: | Drivers: | Warehouse Workers:   | Movers:  | Office:  | Other:  |
| Identify property/equipment at risk: |   |
| Name the substance(s) involved in the process *(Attach data sheets to this assessment)* |   |
| List steps involved in task:  |  |
| **Hazards: (list in applicable box below )** |
| Biological:   | Chemical:   | Physical:   | Psychological:  |
| **Risk Rating (Use Risk Matrix to complete below)** |
| Frequency of Exposure (F) | Likelihood of Loss (L) | Severity of Loss (S) | Risk Rating (R) = F+L+S |
| **Risk Rating:**  |

|  |
| --- |
| **Control Measures: (List all applicable in each box below)** |
| **Elimination:**  |
| **Substitution:** |
| **Engineering:** |
| **Administrative:** |
| **Personal Protective Equipment:** |
| **Follow-Up Date:** |
| **Follow-Up Findings:**  |
| **Successful:**  | **Revision Required:**  |
| **Comments:** | **Comments:** |
| **Completed by:** | **Signature:** |
| **Completed by:** | **Signature:** |
| **Reference Documents:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Frequency of Exposure (F) | Likelihood of Loss (L) | Severity of Loss (S) | Risk Rating (R)= F+L+S |
| **3 = 1+ times/day or ongoing** | **3 = Likely to occur soon** | **3 = Serious injury or fatality** | **8-9: High risk(Hot zone)** |
| **2 = Daily to weekly** | **2 = Likely to occur** | **2 = Medical aid required** | **5-7: Moderate Risk (Warm zone)** |
| **1 = Weekly or less** | **1 = Unlikely to occur** | **1 = Minor injury** | **3-4: Low Risk(Cool zone)** |

