

# PLANT / PROCESS RISK ASSESSMENT

<b>PLANT / PROCESS NAME</b>	<b>CODE CRACKING</b>			<b>ASSESSMENT DATE</b>	<b>RESIDUAL RISK RATING (L,M,H,VH)</b>
<b>PLANT NOTES (IF REQUIRED)</b>	Project 9: Code Cracking: Who Murdered the Somerton Man? Lucy Griffith, Peter Varsos			22/03/2013	
<b>PLANT IDENTIFICATION</b>	<b>CAMPUS</b>	<b>BUILDING</b>	<b>SCHOOL</b>	<b>ROOM OR AREA</b>	<b>REVIEW DATE (FIVE YEARS FROM ASSESSMENT DATE)</b>
	<b>BRAND/MAKE</b>	<b>MODEL</b>	<b>SERIAL NUMBER</b>	<b>ASSET NUMBER</b>	<b>IS THERE / WILL THERE BE A SOP LINKED TO THIS RISK ASSESSMENT?</b>
					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SPECIAL CONDITIONS REQUIRED (check with your HSO if unsure)</b>	<b>IF Y, SPECIFY THE CONDITIONS AND EXPLAIN HOW THEY ARE IMPLEMENTED.</b> If no process exists, add an action item in this Risk Assessment.			<b>PHOTOGRAPH</b>	
<b>Plant Registration?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				(size the photo so this page doesn't flow over two pages)	
<b>Induction?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Licence / Trade certificate?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Other competency?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>MAINTENANCE PROGRAM (THIS COULD BE A SEPARATE PROGRAM OR A LIST OF PRE-USE CHECKS ON A SOP)</b> Provide details of any required maintenance program. If none yet exists, add an action item in this Risk Assessment					

## Assessment Team / Subject Matter Expert Endorsement

A 'Subject Matter Expert' is someone familiar with the use and hazards of the plant/process. They must endorse the Risk Assessment as **accurate** and **relevant** to the plant/process. May be part of the assessment team.

SCHOOL / AREA	NAME	POSITION	SUBJECT MATTER EXPERT?
Electrical And Electronic Engineering	Derek Abbott	Professor	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

<b>Receiving HSO use only</b>		<input type="checkbox"/> If Residual Risk H or VH, approval received from relevant authority	<input type="checkbox"/> If actions include training, TNA updated
<input type="checkbox"/> All fields completed	<input type="checkbox"/> Endorsed by a subject matter expert	<input type="checkbox"/> If Residual Risk H or VH, Hazard Register updated	<input type="checkbox"/> Document stored in location stated on your Document Register
<input type="checkbox"/> Actions entered into RMSS	<input type="checkbox"/> RA action matches flowchart outcome		

Plant / Process Risk Assessment	School of Electrical & Electronic Engineering	Effective Date:	14 March, 2013	Version 2.23
Prepared by	Stephen Guest (Deputy HSO)	Review Date:	14 March, 2014	Page 1 of 10

Warning: This document is uncontrolled when printed. The latest version is available from the School's OHS&W website.

## Risk Assessment Toolkit

The tools on this page will help you complete your Risk Assessment

### What Controls Are Required?

#### Hierarchy of Controls

For each hazard, work through this list from top to bottom until you come to an option you can use to control the hazard.

Option	Examples
Elimination (EL)	Decommissioning/disposal of the plant.
Substitution (SUB)	Using alternative plant/process which meets the legislative requirements.
Isolation (IS)	E.g. enclosing the plant in a containment vessel to protect users
Engineering (EN)	Installing: guarding (e.g. Adjustable, control, flexible); an interlocking device; a limiting device (i.e. Prevents from exceeding design limits); a mechanical restraining device (e.g. Wedge, strut); a protective structure; a switching device
Administration (AD)	Use of danger / out of service tags; write a SOP; training and supervision; obtaining licenses and permits;
Personal Protective Equipment (PPE)	Providing operators with appropriate safety equipment e.g. eye and ear protection, safety boots, helmets, gloves, mask etc.

### Due Date

#### Uncontrolled Risk Action Timelines

Use this table to determine the Due Date for each action item.

Risk	Action
<b>Very High</b>	Immediate action required. Cease the activity immediately and implement short term controls. Notify Manager
<b>High</b>	Implement short term safety controls immediately. Notify Manager
<b>Medium</b>	Short term safety controls implemented to minimise risk of injury. Corrective Actions within one month.
<b>Low</b>	Corrective Actions within three months (if possible).

## Risk - Uncontrolled and Residual

'Uncontrolled Risk' is the risk of the hazard **without** control measures in place.

'Residual Risk' is the risk of the hazard **with** control measures in place.

Follow steps 1-3 below for each hazard to determine its Risk Rating.

### 1. Likelihood Table

How likely is it that the hazard will occur?

Likelihood	Description
<b>Almost Certain</b>	Incident will probably occur at some time (0 – 1 month)
<b>Likely</b>	Incident could occur at some time (1 month – 1 year)
<b>Slight</b>	Incident is possible to occur (1 year – 2 years)
<b>Unlikely</b>	Incident is possible, but unlikely to occur (2 years – 5 years)
<b>Rare</b>	Cannot imagine that this could occur (over 5 years)

### 2. Consequences Table

What is the **most likely** level of consequence if the hazard were to occur? (I.e. not necessarily the worst consequence that could occur under improbable circumstances).

Consequences	Description
<b>Severe</b>	Injury resulting in death or permanent incapacity
<b>Major</b>	Injury requiring extensive medical treatment and/or hospitalization
<b>Moderate</b>	Medical Treatment injury needs formal medical treatment
<b>Minor</b>	Likely to affect employee the next day.
<b>Negligible</b>	Effects unlikely to last until the next day.

### 3. Risk Calculator

Plot the likelihood and consequences for each hazard to determine its Risk Rating.

Likelihood	Consequences				
	Negligible	Minor	Moderate	Major	Severe
<b>Almost Certain</b>	Medium	High	Very High	Very High	Very High
<b>Likely</b>	Medium	Medium	High	Very High	Very High
<b>Slight</b>	Low	Medium	High	High	Very High
<b>Unlikely</b>	Low	Low	Medium	Medium	High
<b>Rare</b>	Low	Low	Low	Medium	Medium

## Instructions

1. To change the value of a checkbox in Microsoft Word, double-click the box and change the 'Default Value'.
2. Review each hazard question in the Hazard Records over the next few pages and answer the questions in the yellow box.
3. Follow the 'Risk Assessment Action Flowchart' on the last page to determine what action needs to occur as a result of this Risk Assessment.

## Pre-Controlled Hazards

List here any hazards (and their controls measures) which you have already controlled (see item 2 above). E.g. “noise not a hazard as SOP requires earmuffs to be worn”

Within University computer labs OH&S hazards are already assessed and managed as per the University OH&S policy.

## Hazard Records

\*: Items marked with a \* have explanatory notes in the Risk Assessment Toolkit (page 2).

**Can anyone be: Caught between moving or rotating parts of the plant?** E.g. entrapment, pinch points, crush zones

<input checked="" type="checkbox"/> <b>N (GO TO NEXT RECORD)</b> <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y (COMPLETE)</b> → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
			UNCONTROLLED			
	WHAT CONTROLS ARE REQUIRED? *		RESIDUAL			
			RESPONSIBLE PERSON *	DUE DATE *		

**Could injury occur through: Contact with stationary object:** E.g. knock hand on wall when using plant, run into plant etc

<input type="checkbox"/> <b>N (GO TO NEXT RECORD)</b> <input checked="" type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y (COMPLETE)</b> → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
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	WHAT CONTROLS ARE REQUIRED? *		RESIDUAL			
			RESPONSIBLE PERSON *	DUE DATE *		

**Could injury occur through: Contact with sharp object:** E.g. knife, sharp / pointy edge objects, flying / moving objects

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

**Could injury occur through: Contact with hot or cold object, or friction burn:** I.e. outside a range of 0-50 degrees Celsius. E.g. steam, naked flame, laser beams; ice, dry ice, frozen materials

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

**Could injury occur through: Contact with vibration:** E.g. holding onto a vibrating item for a period of time

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

**Could injury occur through: Contact with live electricity or is there potential for electric shock**

<input type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input checked="" type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: **Contact with chemicals, fumes or gas:** E.g. dry ice, oils, diesel emissions, liquid N2, dust

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: **Exposure to noise:** I.e. exceed 8 hour noise equivalent 85dB(A) or peak noise 140dB(C)

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur due to: **Inadequate emergency stop:** I.e. unable to quickly shut down the plant in an emergency. E.g. mushroom stop button present and adequate, located within reach, operational etc.

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: **Slips, trips or falls:** E.g. slippery, uneven or cluttered work surfaces, plant location, lack of guard rails

<input type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input checked="" type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

**Could injury occur through: Fall from heights:** Can a person fall from a height greater than 2 metres?

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

**Can anyone be: Caught between or struck by moving objects:** Other than parts of the plant. E.g. item falling from racking / forklift. Struck by or pinned against solid object by a car, tug, truck etc

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

**Could injury occur through: Exposure to / work in confined spaces:** As defined by AS2865.

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
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**Could injury occur through: Exposure to ionising radiation:** E.g. neutron probe, radionuclides

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: Exposure to non-ionising radiation: E.g. RF Tx, UV transilluminator

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: exposure to biological hazards

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: Exposure to hot, humid or cold environment: E.g. freezer, blast chillers, fridge

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: contact with insect / animal: E.g. sheep (weigh pens), snake, rat, tick, bee, wasp

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
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			RESIDUAL			
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Could injury occur through: **Exposure to pressure vessels:** E.g. autoclave, boiler

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

Could injury occur through: **Explosion / fire hazards:** E.g. ignition of surrounds, naked flame, gas, grain silos

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
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Could injury occur through: **Exposure to / struck by lightning**

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
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Could injury occur through: **Overstress – manual handling and ergonomics:** E.g. reaching, bending, twisting, lifting, pulling, pushing, repetitive motions; inadequate lighting, space, seating design?

<input type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input checked="" type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
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			RESIDUAL			
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Could injury occur through: Any other hazard: Anything else, including procedures for special conditions page 1

<input checked="" type="checkbox"/> <b>N</b> (GO TO NEXT RECORD) <input type="checkbox"/> <b>Y, ALREADY CONTROLLED</b> (ADD TO PRE-CONTROLLED HAZARDS P3, GO TO NEXT) <input type="checkbox"/> <b>Y</b> (COMPLETE) → → →	HOW COULD THIS CAUSE AN INCIDENT?		<b>RISK *</b>	LIKELIHOOD	CONSEQUENCE	RATING
	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
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Could injury occur through: Any other hazard: Anything else, including procedures for special conditions page 1

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	WHAT CONTROLS ARE REQUIRED? *		UNCONTROLLED			
			RESIDUAL			
			RESPONSIBLE PERSON *		DUE DATE *	

## Risk Assessment Action Flowchart

Follow this process to successfully complete the Risk Assessment process.

