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| Title: | |
| Background: | |
| Risk assessment completed by: | Date of task/activity: |
| Date completed: | Authorised by: |

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| **Hazard** | **Risks** | **Risk rating – Inherent risk** | | | **Controls** | **Risk rating – Residual risk** | | | **Responsible officer** |
| **Consequence** | **Likelihood** | **Risk rating** | **Consequence** | **Likelihood** | **Risk rating** |
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| **USC HSW**  **Risk Matrix** | | **Consequence** | | | | |
| 1 – Insignificant  No or first aid treatment | 2 – Minor  Medical or paramedical attention required (0-5 days off work or study) | Moderate  Admitted to hospital as an inpatient (5 or more days lost from work or study) | Major  Multiple, injuries requiring immediate hospitalisation | Catastrophic  Injury causing  permanent disability.  One or more casualties |
| **Likelihood** | **Almost certain**  Expected to occur in most circumstances | Medium | High | High | Extreme | Extreme |
| **Likely**  The event will  probably occur in most circumstances | Low | Medium | High | High | Extreme |
| **Possible**  The event might occur  at some time | Low | Medium | Medium | High | High |
| **Unlikely**  The event could occur  at some time but not considered likely to occur | Low | Low | Medium | Medium | High |
| **Rare**  The event may only  occur in exceptional circumstances | Low | Low | Low | Medium | Medium |

Please sign below indicating that you have read and understand this risk assessment *(all who are to work in accordance with this risk assessment should have read and understood it).*

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| **Name** | **Signature** | **Date** |
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