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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 – InsignificantNo or first aid treatment | 2 – MinorMedical or paramedical attention required (0-5 days off work or study)  | ModerateAdmitted to hospital as an inpatient (5 or more days lost from work or study) | MajorMultiple, injuries requiring immediate hospitalisation | CatastrophicInjury 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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