

1 JOB DETAILS

Company / site	Task or job	JHA or reference no.	Location / work area	Completed by	Date
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2 THE HAZARD

Hazard statement: what could go wrong, for whom, during which task (be specific)	Who is exposed, how often and for how long
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Energy source: ☐ Gravity ☐ Motion ☐ Mechanical ☐ Electrical ☐ Pressure ☐ Temperature ☐ Radiation ☐ Sound ☐ Chemical ☐ Biological ☐ Ergonomic ☐ Psychosocial

3 INITIAL RISK: RATE IT BEFORE CHOOSING ANY CONTROLS

Likelihood (1-5)	Severity (1-5)	Risk score (L x S)	Band: ☐  Low 1-4 ☐  Moderate 5-9 ☐  High 10-16 ☐  Extreme 17-25
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4 WORK DOWN THE HIERARCHY, STARTING AT THE TOP

Level	Options considered	Reasonably practicable?	Selected?	Why, or why not (record your reasoning)
1 Elimination Remove the hazard or the task		☐ Yes ☐ No	☐	
2 Substitution Less hazardous product, process, tool or size		☐ Yes ☐ No	☐	
3 Engineering Guards, ventilation, barriers, enclosures, aids		☐ Yes ☐ No	☐	
4 Administrative Procedures, permits, training, scheduling		☐ Yes ☐ No	☐	
5 PPE Selected, fitted, trained, maintained		☐ Yes ☐ No	☐	

Tip: answer every level, even when the answer is no. Use the highest controls that are reasonably practicable, then add lower levels for the risk that's left. Training and PPE support higher controls; on their own they rarely control a serious hazard.

5 NEW HAZARDS CREATED BY THE CONTROLS

Do any selected controls create a new hazard?

☐ Yes ☐ No

If yes, describe the new hazard and how it's controlled (for example, a substitute's SDS hazards, a pinch point, heat stress)

6 RESIDUAL RISK, WITH THE CONTROLS IN PLACE

Likelihood (1-5)

Severity (1-5)

Risk score (L x S)

☐  Low ☐  Moderate ☐  High ☐  Extreme

Is the residual risk acceptable and as low as reasonably achievable?

☐ Yes ☐ No: go back to section 4

7 REVIEW THE CONTROLS WHEN

☐ work, equipment, materials or people change

☐ there's an incident or near miss

☐ an inspection or monitoring finds a problem

☐ the scheduled review date arrives: _____

5 X 5 RISK MATRIX (L X S)

Likelihood	Severity				
	1 Minor	2 Moderate	3 Serious	4 Major	5 Catastrophic
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

 Low 1-4: maintain controls and monitor
 Moderate 5-9: improve where practicable
 High 10-16: more controls before work begins
 Extreme 17-25: do not proceed

8 PUT THE CONTROLS IN PLACE AND VERIFY THEM

Control	Person responsible	Target date	How it's verified (inspection, monitoring, observation, maintenance)	How often	In place
					☐
					☐
					☐
					☐
					☐
					☐

9 SIGN-OFF

Completed by	Name and signature	Date	Supervisor	Name and signature	Date
Worker or JHSC representative	Name and signature	Date	Manager approval	Name and signature	Date