

What potential risks have you identified?	Date Inspected	What Problem was Detected (if any)	Likelihood A,B,C,D,E	Impact A,B,C,D	RiskRating H,M,L (see Risk hart)	Who Will fix the problem?	When will it be fixed?	Completed (signed off)
Do you provide food, rest and first-aid to those responding to an emergency?								
Do you set up a central command that keeps track of which of your staff are working, where they are, what they are doing and how they are going?								
Do you have effective communications in an emergency?								
Do you have a debriefing session after an emergency response to assess what worked and what didn't?								
Have you checked the General Office Environment Checklist?								
INSERT YOUR OWN								
INSERT YOUR OWN								
INSERT YOUR OWN								

Risk Chart

LIKELIHOOD

IMPACT	RATING	A	B	C	D	E	
		Frequent	Probable	Occasional	Remote	Improbable	
	A	Catastrophic	High	High	High	High	
	B	Critical	High	High	High	Medium	Low
	C	Marginal	High	Medium	Medium	Low	Low
D	Negligible	Medium	Low	Low	Low	Low	

MEASURE	IMPACT	Effect/description
A	Catastrophic	Death – severe injury (e.g. loss or crushed limb, brain damage)
B	Critical	Major Injuries – require medical assistance (inc concussions)
C	Marginal	Minor Injuries, cuts, treated internally (inc minor sprains)
D	Negligible	No injury

MEASURE	LIKELIHOOD	DESCRIPTION
A	Frequent	Will occur regularly – day to day
B	Probable	Will occur on most occasions, circumstances
C	Occasional	Will occur from time to time
D	Remote	May occur but not regularly or often
E	Improbable	Unlikely to ever occur

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