



General Health and Safety Risk Assessment Checklist

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General Health and Safety Risk Assessment Checklist

Assessment	
Hazard Identification	
Enter description of procedure, task, or worksite being assessed	

Biological (e.g. hygiene, disease, infection)
Are there biological hazards observed?
<input type="checkbox"/> Safe <input type="checkbox"/> At Risk <input type="checkbox"/> N/A
Choose the type of hazard
<input type="checkbox"/> Blood / Bodily fluid <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Food Handling <input type="checkbox"/> Other
Description of hazard
Take a photo (Optional) <input type="checkbox"/>
Attach photos <input type="checkbox"/>

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls
Select control measures
<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering Controls
<input type="checkbox"/> Administrative Controls <input type="checkbox"/> PPE <input type="checkbox"/> Others

Chemicals
Are there chemical hazards observed?
<input type="checkbox"/> Safe <input type="checkbox"/> At Risk <input type="checkbox"/> N/A

Choose the type of hazard	Non-hazardous chemical(s)	Hazardous chemical(s)
Description of hazard		
Photo of hazard (optional)	Attach photos	
Name of chemical(s) / Details		

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls	
Select control measures	
<input type="checkbox"/> Elimination	<input type="checkbox"/> Administrative Controls
<input type="checkbox"/> Substitution	<input type="checkbox"/> PPE
<input type="checkbox"/> Engineering Controls	<input type="checkbox"/> Others

Critical Incident			
Are there chemical hazards observed?	Safe	At Risk	N/A
Choose type of hazard resulting in:	Lockdown	Evacuation	Disruption Others
Description of hazard			
Photo of hazard (optional)	Attach photos		

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely

Risk Rating	High	Medium	Low
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Controls	
Select control measures	
<input type="checkbox"/> Elimination	<input type="checkbox"/> Administrative Controls
<input type="checkbox"/> Substitution	<input type="checkbox"/> PPE
<input type="checkbox"/> Engineering Controls	<input type="checkbox"/> Others

Energy Systems					
Are there energy system hazards observed?			Safe	At Risk	N/A
Choose the type of hazard / incident or issues involving:	Electricity (incl. Main and Solar)	LPG Gas	Gas / Pressurized	Other	
Description of hazard					
Photo of hazard (optional)					Attach photos

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls	
Select control measures	
<input type="checkbox"/> Elimination	<input type="checkbox"/> Administrative Controls
<input type="checkbox"/> Substitution	<input type="checkbox"/> PPE
<input type="checkbox"/> Engineering Controls	<input type="checkbox"/> Others

Environment					
Are there environment hazards observed?			Safe	At Risk	N/A
Choose type of hazard					
<input type="checkbox"/> Sun exposure	<input type="checkbox"/> Animals / Insects	<input type="checkbox"/> Temperature (heat, cold)			
<input type="checkbox"/> Water (creek, river, beach, dam)	<input type="checkbox"/> Storms / Weather	<input type="checkbox"/> Other			
<input type="checkbox"/> Sound / Noise					
Description of hazard					

Photo of hazard (optional)	Attach photos

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls	
Select control measures	
<input type="checkbox"/> Elimination	<input type="checkbox"/> Administrative Controls
<input type="checkbox"/> Substitution	<input type="checkbox"/> PPE
<input type="checkbox"/> Engineering Controls	<input type="checkbox"/> Others

Facilities / Built Environment			
Are there facilities / built environment hazards observed?	Safe	At Risk	N/A
Choose type of hazard			
<input type="checkbox"/> Buildings and fixtures	<input type="checkbox"/> Workshops / work rooms	<input type="checkbox"/> Furniture	<input type="checkbox"/> Other
<input type="checkbox"/> Driveway / Paths	<input type="checkbox"/> Playground and equipment	<input type="checkbox"/> Swimming Pool	
Description of hazard			
Photo of hazard (optional)			Attach photos

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls	
Select control measures	
<input type="checkbox"/> Elimination	<input type="checkbox"/> Administrative Controls
<input type="checkbox"/> Substitution	<input type="checkbox"/> PPE
<input type="checkbox"/> Engineering Controls	<input type="checkbox"/> Others

Machinery, Plant and Equipment			
Are there machinery, plant and equipment hazards observed?	Safe	At Risk	N/A
Choose type of hazard			
<input type="checkbox"/> Machinery (fixed plant)	<input type="checkbox"/> Hand tools	<input type="checkbox"/> Vehicles / trailers	<input type="checkbox"/> Other
<input type="checkbox"/> Machinery (portable)			
Description of hazard			
Photo of hazard (optional)			Attach photos

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls	
Select control measures	
<input type="checkbox"/> Elimination	<input type="checkbox"/> Administrative Controls
<input type="checkbox"/> Substitution	<input type="checkbox"/> PPE
<input type="checkbox"/> Engineering Controls	<input type="checkbox"/> Others

Manual Task/ Ergonomics			
Are there manual tasks / ergonomics hazards observed?	Safe	At Risk	N/A
Choose type of hazard			
<input type="checkbox"/> Manual tasks (repetitive, heavy)	<input type="checkbox"/> Working at heights	<input type="checkbox"/> Restricted space	<input type="checkbox"/> Other
Description of hazard			
Photo of hazard (optional)			Attach photos

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls
Select control measures
<input type="checkbox"/> Elimination <input type="checkbox"/> Administrative Controls <input type="checkbox"/> Substitution <input type="checkbox"/> PPE <input type="checkbox"/> Engineering Controls <input type="checkbox"/> Others

People			
Are there people hazards observed?	Safe	At Risk	N/A
Choose type of hazard	<input type="checkbox"/> Students <input type="checkbox"/> Physical <input type="checkbox"/> Parents <input type="checkbox"/> Staff <input type="checkbox"/> Psychological / stress <input type="checkbox"/> Other		
Description of hazard			
Photo of hazard (optional)			Attach photos

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

Controls
Select control measures
<input type="checkbox"/> Elimination <input type="checkbox"/> Administrative Controls <input type="checkbox"/> Substitution <input type="checkbox"/> PPE <input type="checkbox"/> Engineering Controls <input type="checkbox"/> Others

Others		
Are there any other hazards not listed above?	Yes	No

Description of hazard
Photo of hazard (optional) Attach photos

Risk Rating				
Consequence	Fatality	Major Injuries	Minor Injuries	Negligible Injuries
Likelihood	Very Likely	Likely	Unlikely	Highly Unlikely
Risk Rating	High	Medium	Low	

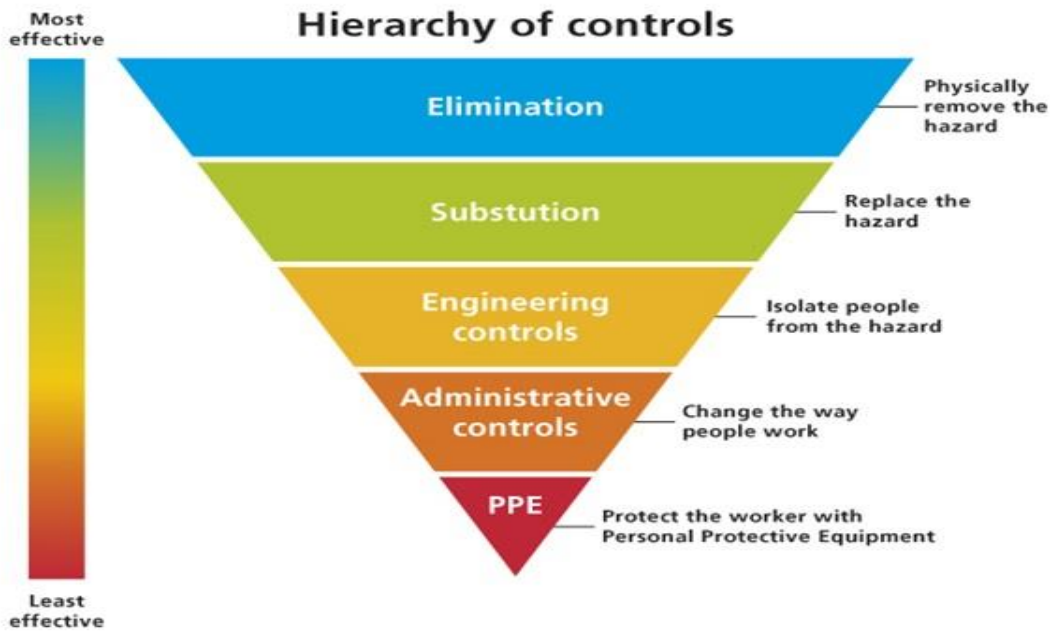
Controls	
Select control measures	
<input type="checkbox"/> Elimination	<input type="checkbox"/> Administrative Controls
<input type="checkbox"/> Substitution	<input type="checkbox"/> PPE
<input type="checkbox"/> Engineering Controls	<input type="checkbox"/> Others

References
 Risk Matrix Reference

Risk Matrix

Likelihood		Very Likely	Lively	Unlikely	Highly Unlikely
Consequences	Fatality	High	High	High	Medium
	Major Injuries	High	High	Medium	Medium
	Minor Injuries	High	Medium	Medium	Low
	Negligible Injuries	Medium	Medium	Low	Low

Hierarchy of Controls Reference



Monitor and Review Controls

Are the planned control measures sufficient and effective in minimizing the level of risk?	Yes	No	N/A
Are further control measures required in future?	Yes		No
Have there been any changes to the planned control measures?	Yes		No

Completion
Recommendations

Full Name and Signature of the Inspector:

Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace, health and safety advice; medical advice, diagnosis, or treatment; or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.