

Implementation Plan		By Whom	Target Date
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Risk Rating with Controls in place	<input type="checkbox"/> HIGH	<input checked="" type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW
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Monitoring and Review	Review Date	By Whom	Target Date

Action Identified From Review	None	By Whom	Target Date

Risk Matrix

Likelihood		Worst Case Outcome		
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

Assessment conducted by: _____ **Signed:** _____ **Date:** _____
 Revised: January 2018. AS, RC, MK, JS, JR, CN.