HSE RISK ASSESSMENT FORM

Document Title:	HSE Risk Assessment Form	Document Reference:	THV-HSE-TMP-003
Revision:	00	Effective Date / Page:	_____ | Page 1 of 6

1. Assessment Identification & General Information

Project / Site:		Client / Organization:	
Contractor / Company:		Department / Work Area:	
Assessment Title:		Assessment ID / No.:	
Specific Location:		Date of Assessment:	
Person Resp. for Area:		Review Date:	
Assessment Prepared By:		Assessment Reviewed By:	

Assessment Type: ☐ Initial Assessment ☐ Periodic Review ☐ Change / Modification ☐ New Activity / Process ☐ Other: _____

2. Scope of Assessment

Activity / Process / Area Being Assessed:
[Describe the activity, process, equipment, work area, or operation covered by this assessment. Define boundaries.]
Assessment Scope / Limitations & Exclusions:
[Specify any specific limitations, operational boundaries, or excluded activities.]

3. Persons Exposed & Existing Reference Documents

Persons / Groups Potentially Exposed	Existing Information & Reference Documents
Select all applicable groups: ☐ Employees / Workers ☐ Supervisors ☐ Contractors / Subs ☐ Visitors ☐ Members of Public ☐ Drivers / Operators ☐ Maintenance Personnel ☐ Emergency Responders ☐ Other: _____ **Specific Exposed Groups / Details:** *[Enter specific details or numbers of workers exposed]*	**Select reviewed documentation:** ☐ Method Statement ☐ SOP / Work Procedure ☐ SDS / Chemical Info ☐ Manufacturer Manuals ☐ Previous Risk Assessment ☐ Incident Records ☐ Inspection Records ☐ Permit Requirements ☐ Drawings / Plans / Other **Specific Reference Document Numbers:** *[Enter document titles, revisions, and reference IDs]*

4. Hazard Category Checklist (Prompt for Identification)

Check all hazards relevant to this assessment scope:

☐ Physical Hazards	☐ Fire / Explosion	☐ Heat / Cold / Weather	☐ Emergency / Security
☐ Mechanical Hazards	☐ Chemical / Substances	☐ Dust / Airborne	☐ Psychosocial / Human
☐ Electrical Hazards	☐ Biological Hazards	☐ Vehicle / Traffic	☐ Radiation / Laser
☐ Work at Height	☐ Manual Handling / Ergo	☐ Lifting Operations	☐ Lone Working
☐ Excavation / Ground	☐ High Noise Levels	☐ Machinery / Equipment	☐ Structural Instability
☐ Confined Space	☐ Vibration Exposure	☐ Environmental Impacts	☐ Other: _____

5. Main Risk Assessment Table

Instructions: Identify hazards for the activity/area. Evaluate initial risk (Likelihood x Severity). Detail additional controls following the Hierarchy of Controls, then evaluate residual risk. Header repeats automatically on subsequent pages.

No.	Activity / Hazard Description	Potential Consequences	Persons Exposed	Existing Risk Controls	L	S	Initial Risk	Additional Controls Required (Hierarchy of Controls)	Responsible Person	Target Date	Res. L	Res. S	Residual Risk
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

6. Risk Rating Methodology & Reference Matrix

Note: The risk matrix provided below is a practical reference example. It should be reviewed and aligned with the organization's approved HSE risk management methodology prior to formal implementation.

L	Likelihood	Description	S	Severity Description
1	**Rare**	Unlikely to occur under normal circumstances	1	Insignificant - No injury / negligible impact
2	**Unlikely**	Could occur occasionally in some circumstances	2	Minor - First aid / minor localized damage
3	**Possible**	Might occur at some time during the activity	3	Moderate - Medical treatment / moderate impact
4	**Likely**	Expected to occur in most circumstances	4	Major - Serious injury / major operational loss
5	**Almost Certain**	Expected to occur frequently / continuously	5	Catastrophic - Fatality / severe long-term impact

Likelihood \ Severity	1 (Insignificant)	2 (Minor)	3 (Moderate)	4 (Major)	5 (Catastrophic)	Risk Action Levels
5 (Almost Certain)	**5 (Mod)**	**10 (High)**	**15 (High)**	**20 (Crit)**	**25 (Crit)**	17–25 CRITICAL: Do not proceed. Immediate control required.
4 (Likely)	**4 (Low)**	**8 (Mod)**	**12 (High)**	**16 (High)**	**20 (Crit)**	10–16 HIGH: Improve controls before proceeding.
3 (Possible)	**3 (Low)**	**6 (Mod)**	**9 (Mod)**	**12 (High)**	**15 (High)**	5–9 MODERATE: Implement additional controls where required.
2 (Unlikely)	**2 (Low)**	**4 (Low)**	**6 (Mod)**	**8 (Mod)**	**10 (High)**	1–4 LOW: Maintain existing controls and monitor.
1 (Rare)	**1 (Low)**	**2 (Low)**	**3 (Low)**	**4 (Low)**	**5 (Mod)**	Hierarchy Priority: 1. Eliminate, 2. Substitute, 3. Engineer, 4. Admin, 5. PPE

7. Action Plan for Additional Controls

Hierarchy of Controls Priority: Elimination ➔ Substitution ➔ Engineering Controls ➔ Administrative Controls ➔ PPE
Note: Always select higher-level controls before relying on administrative controls or PPE where reasonably practicable.

No.	Additional Control Action Required	Control Type / Hierarchy Level	Responsible Person	Target Date	Status
1					Open
2					Open
3					Open
4					Open
5					Open

8. Significant & Critical Risk Controls

Are any Significant or Critical Risks (Initial/Residual Score ≥ 10) identified? ☐ YES ☐ NO

Hazard / Risk Item	Required Critical Controls	Responsible Person	Verification Method

Critical Control Monitoring & Oversight Requirements:
[Detail pre-start checks, stop-work triggers, required supervisory oversight, or hold points]

9. Emergency Response & Environmental Controls

Emergency Response Considerations	Environmental Impact Checklist & Controls
☐ First Aid Arrangements & Supplies ☐ Emergency Communication Method ☐ Emergency Equipment (Fire, Rescue) ☐ Access / Egress Maintenance ☐ Evacuation Plan & Assembly Point ☐ Spill Kit / Containment Ready **Task-Specific Emergency Arrangements:** *[Specify emergency roles, rescue plans, or specialized equipment required]*	☐ Waste Generation / Disposal ☐ Chemical / Fuel Spill Risk ☐ Air / Dust Emissions ☐ Noise & Vibration Impact ☐ Water / Drainage Protection ☐ Wildlife / Vegetation Protection **Environmental Controls & Requirements:** *[Specify bunding, drip trays, waste disposal routes, or suppression methods]*

10. Monitoring, Review Triggers & Approvals

Monitoring Methods: ☐ Workplace Inspection ☐ Supervisor Observation ☐ HSE Audit ☐ Permit Verification ☐ Equipment Check

Review Triggers: *This assessment MUST be reviewed upon: Significant process/scope change | New equipment/substance | Following incident/near miss | Ineffective control identified | Regulatory change | Periodic review date.*

Approval Role	Name	Signature	Date
Assessment Prepared By:			
Activity / Area Supervisor:			
HSE Reviewer / Specialist:			
Management / Authorized Person:			

11. Worker & Stakeholder Briefing Record

I acknowledge that I have been briefed on the hazards, risk controls, emergency procedures, and safety requirements associated with this risk assessment.

No.	Worker / Attendee Name	Position / Company	Signature / Initials	Date Briefed
1				
2				
3				
4				
5				
6				
7				
8				

12. Document Revision History & Disclaimer

Rev	Date	Description of Change	Prepared By	Approved By
00	_____	Initial Issue for Project / Site Operations		

Disclaimer: This template is provided as a practical HSE management aid and should be reviewed and adapted to the organization's activities, applicable legal/regulatory requirements, contractual obligations, approved risk assessment methodology, and site-specific conditions. The assessment should be completed and reviewed by competent persons prior to formal operational use.