

HAZARD INVENTORY							
Hospital Site		QAH /SMH /RHH	PORTSMOUTH HOSPITAL NHS TRUST HAZARD INVENTORY			Date:	
Division						Sheet: of	
Dept/Specialty/Ward							
Database ID No:	DESCRIPTION OF HAZARDS	ADEQUACY OF CONTROLS				Assessment Required Y/N	Assessment Date
		Consequence (C)	Likelihood (L)	Risk Score (C x L)	Risk Ranking (G, Y, A, R)		

PLEASE NOTE: those hazards for which no risk assessment is currently required must still be kept under review on a regular basis

Consequence
1 = Insignificant
2 = Minor
3 = Moderate
4 = Major
5 = Catastrophic

Likelihood
1 = Rare
2 = Unlikely
3 = Possible
4 = Likely
5 = Certain

Risk Score
1 - 3 Low
4 - 6 Moderate
8 - 12 High
15 - 25 Extreme

Risk Ranking
G = Green
Y = Yellow
A = Amber
R = Red

Risk Assessment Form and Action Plan							
Hospital Site		QAH /SMH /RHH	PORTSMOUTH HOSPITAL NHS TRUST ASSESSMENT OF RISK & ACTION PLAN		Date:		
Division					Assessor:		
Dir/Dept/Specialty/Ward					Proactive / Reactive identification – please delete as appropriate		
C	L	Score	HAZARD ASSESSED	PERSONS AT RISK	POSSIBLE CONSEQUENCES		
CURRENT CONTROL MEASURES							
ACTION PLAN TO REDUCE THE RISK							
ACTIONS REQUIRED TO REDUCE OR ELIMINATE THE RISK				Costings	Responsible Person	Target Date for Completion	Actual Completion Date
RISK RATING POST ACTIONS							Date
Consequence (C)	Likelihood (L)	Risk Score (C x L)	Signature of Assessor:				
			Signature of Manager:				
Assessment Review Date:			Divisional Management Team authorisation:				

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