



Risk Management Form: Foursquare WA

Number	Risk/ hazard Description	Existing control measures	Probability Level	Impact Level	Prevention Measures	Assigned to	Status
1							
2							
3							
4							
5							
6							
7							
8							
9							



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10							
11							
12							

Name of Event:

Date of Event:

Date of Submission:

Completed by:

Document reviewed following event (please circle): Yes No



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Risk Matrix Assessment Scale: to be referred to in risk assessment.

		SEVERITY →				
		Very Low	Minor	Moderate	Significant	Extreme
LIKELIHOOD ↓	Rare	LOW 1	LOW 2	LOW 3	MEDIUM 4	MEDIUM 5
	Unlikely	LOW 2	MEDIUM 4	MEDIUM 6	HIGH 8	HIGH 10
	Likely	LOW 3	MEDIUM 6	HIGH 9	HIGH 12	EXTREME 15
	Very Likely	MEDIUM 4	HIGH 8	HIGH 12	HIGH 16	EXTREME 20
	Definate	MEDIUM 5	HIGH 10	EXTREME 15	EXTREME 20	EXTREME 25