

EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST

RISK ASSESSMENT FORM (RA1) DRAFT

Risk Initiator: Department/Function: Location: Date:

RiskType: Risk Owner:

Risk Description:	Existing Controls (if applicable):

Impact (I) Indicators		
Level	Descriptor:	Description
1	Negligible	Minor Injury/ Service loss < 1 hour
2	Minor	First aid required/Service loss <8 hours
3	Moderate	RIDDOR etc/Service loss <24 hours
4	Major	Major injury/Service loss < 1 week
5	Catastrophic	Death/major incapacity/Service loss for weeks

Likelihood (L) Indicators		
Level	Descriptor	Description:
1	Rare	Not expected to occur annually
2	Unlikely	Occur at least annually
3	Possible	Occur at least every 6 months
4	Likely	Occur at least monthly
5	Almost Certain	Expected to occur at least weekly

Proximity Indicators
Imminent (I) - Event will occur within 1 month
Short Term (S) - Event occur in 2-3 months
Medium Term (M) - Event occur in 4-6 months
Long Term (L) - Event occur in >6 months

IMPACT Score	Likelihood Score	Risk Rating (IxL)	Proximity Rating

Possible Risk Responses
Action 1:
Action 2:
Action 3:
Action 4:

Overall Impact Rating:

Chosen Risk Management Response:

Tolerate:
Treat:
Transfer:
Terminate:

Updated Risk Assessment		
Impact	Likelihood	Risk

Publicly disclosable under the Freedom of Information Act?

Target Date: Closure Date:

Cross Reference to plans/associated risks:

Risk Identification Number: Date Raised: Date Updated: Office Use only

(On Completion send copy to Risk Team, Ambulance Headquarters)