RISK ASSESSMENT FORM

LOCATION:-			**Date of Assessment**	
ACTIVITY :-				
HAZARD *What can cause person harm?*	**RISK EFFECT**	**PERSONS AFFECTED**	**EXISTING CONTROLS**	**FURTHER CONTROLS REQUIRED - Prioritise Action**

AT THE TIME OF CONDUCTING THIS ASSESSMENT CONTROL MEASURES IMPLEMENTED TO REDUCE THE RISK. AS FAR AS CAN BE REASONABLY FORESEEN THE RISK INVOLVED IN THE ABOVE JOB HAS BEEN REDUCED AS LOW AS IS REASONABLY PRACTICAL.

Assessor (s):	Designation:	Signature:	Date:
	Designation:	Signature:	Date:
Participant (s):	Designation:	Signature:	Date:

Review Date: