

RISK ASSESSMENT FORM

RISK ASSESSMENT NO:

Brief outline of work/activity :	
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Location :	
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Significant hazards :	
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Who might be exposed to the hazards :	
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Existing control measures :	
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Are risks adequately controlled : YES / NO

If NO, list additional controls and actions required :	Additional controls :	Action by :

Completed by :	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; text-align: center;"><i>Name</i></td> <td style="width: 33%; border: none; text-align: center;"><i>Signature</i></td> <td style="width: 33%; border: none; text-align: center;"><i>Date</i></td> </tr> </table>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<i>Name</i>	<i>Signature</i>	<i>Date</i>		

Supervisor :	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; text-align: center;"><i>Name</i></td> <td style="width: 33%; border: none; text-align: center;"><i>Signature</i></td> <td style="width: 33%; border: none; text-align: center;"><i>Date</i></td> </tr> </table>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<i>Name</i>	<i>Signature</i>	<i>Date</i>		

Dates of Reviews:				