RISK ASSESSMENT FORM

RISK ASSESSMENT BY:

RISK ASSESSMENT OF:

VERIFIER:

REVIEW DATE:

DATE:

REVIEWER:

NOTES:

ACTIVITY OR TASK	IDENTIFY THE HAZARD	WHO MIGHT BE HARMED AND HOW?	WHAT ARE YOU ALREADY DOING TO DO TO REDUCE THE LIKELIHOOD OF HARM OR MAKE THE HARM LESS SERIOUS?	IS THIS ADEQUATE TO GET RID OF THE HAZARD OR CONTROL IT SO THAT HARM IS UNLIKELY? YES OR NO	IF NO, WHAT ELSE CAN BE DONE? LIST ADDITIONAL CONTROL MEASURES OR CHECKS THAT ARE REQUIRED OF EXISITING CONTROLS	WHO IS RESPONSIBLE FOR ENSURING THESE ARE CARRIED OUT? WHEN WILL THESE CONTROLS BE INTRODUCED?