

Risk Assessment

Refer to the guidance on risk assessment prior to completing this proforma.

Site/Department:	Area/Location:	
Activities covered by this assessment:		
People at risk:		
Hazards:		
Control Measures already in place (actions already taken):		
Evaluation of Risk (Extreme/High/Medium/Low/Insignificant):		
Signature:	Date:	Review Date:
Print Name:	Position:	

If further measures are required to reduce risk, continue with the next section.

Further control measures or actions needed to eliminate or reduce the risk:	Action by:	Date completed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
Residual risk rating following the implementation of the further actions detailed above (Extreme/High/Medium/Low/Insignificant)		
Re-evaluation following implementation of actions carried out by:		Date:
Signature:	Date:	Review Date:
Print Name:	Position:	