



Risk Assessment Form

Name of Staff completing:		Job description:		Reference:	
Room:			Subject:		
People at Risk:			Additional Information:		
Contact Person.....				Job Title:.....	
Date:.....				Review Date:.....	

Risk Evaluation

Hazard	Risk	Initial Rating (L, M, H,)	Existing Control Measures	Final Rating (L, M, H,)	Additional Action Required (action by whom and completion date)