|  |  |
| --- | --- |
| Assessment Date |  |
| **Description of Risk/Hazard** |  |
| **Location of Risk/Hazard (Tick One)** | 🞎 Manual Handling 🞎 Plant & Equipment 🞎 Substance |
| Describe the Risk/Hazard & Potential Injuries |  |
|  |
|  |
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| --- |
| Severity (Place an “X” on the scale where appropriate) |
|  | Minor | Moderate |  | Serious | Could be Fatal |  |
|  |  |  |  |  |  |
| Frequency (Place an “X” on the scale where appropriate) |
|  | Almost Impossible | Could Happen |  | Happened Before | Always Present |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Assessment Date | 🞎 YES 🞎 NO (If NO, please fill out below) |
| **What must be done now to control it** |  |
| **Reported By** |  | **Signature** |  |
| **Reported To** |  | **Signature** |  |