RISK ASSESSMENT



RISK ASSESSMENT NAME: DEPARTMENT: ASSESSORS NAME: DATE:

What are the hazards?	Who might be harmed and how?	Current Control Measures?	Further Measures required?	Action by whom?	Action by When	Complete

You should review your risk assessment if you think it might no longer be valid, e.g. following an accident in the workplace, or if there are any significant changes to the hazards in your workplace, such as new equipment or work activities.

REVIEW DATE	OFFICER REVIEWING