

WORKING WITH LEAD RISK ASSESSMENT FORM

Name <small>(Competent Person carrying out the Risk Assessment)</small>	Role <small>(Job Title / Department)</small>	Date <small>(DD/MM/YYYY)</small>
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Activity being assessed
(Enter a detailed description of the activities being assessed)

Department
(Enter details of the department that the risk assessment is being carried out on, including site information if multiple sites)

Hazards Identified <small>(Tick as appropriate)</small>	Additional Hazards <small>(Enter details of any additional hazards that are present and not already listed)</small>
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<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Inhalation of Lead Particles	<input type="checkbox"/>	Skin Contact	<input type="checkbox"/>	
<input type="checkbox"/>	Ergonomic	<input type="checkbox"/>	Lone Working	<input type="checkbox"/>	Stress/Anxiety	<input type="checkbox"/>	
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Machinery/Equipment	<input type="checkbox"/>	Weather	<input type="checkbox"/>	
<input type="checkbox"/>	Hazardous Substances	<input type="checkbox"/>	Moving and Handling	<input type="checkbox"/>	Work Environment	<input type="checkbox"/>	
<input type="checkbox"/>	Ingestion of Lead Particles	<input type="checkbox"/>	Slips, Trips, Falls	<input type="checkbox"/>	Work Methodology	<input type="checkbox"/>	

Person(s) at risk
(Enter details of anyone who might be at risk of exposure, including anyone at an elevated risk)

Control Measures currently in place
(Enter details of all control measures that are currently in place on site)

Hazard	Associated Risks	Level of Risk (Select level of risk)	Additional Control Measures Required? (Select yes or no)	Control Measures decided upon
		Low Medium High Very High	Yes / No	
		Low Medium High Very High	Yes / No	
		Low Medium High Very High	Yes / No	
		Low Medium High Very High	Yes / No	
		Low Medium High Very High	Yes / No	
		Low Medium High Very High	Yes / No	

ⓘ Don't forget to sign and date this Risk Assessment document once complete

Name (Person responsible for implementing controls)	Signed (Signature)	Current Date (DD/MM/YYYY)	Implemented by Date (DD/MM/YYYY)

Risk Assessment shared with
 (Enter details of which departments and roles the risk assessment must be shared with)

Name (Competent Person carrying out Assessment)	Signed (Signature)	Current Date (DD/MM/YYYY)	Date of Review (DD/MM/YYYY)