RISK ASSESSMENT FORM Role Name Date (Competent Person carrying out the Risk Assessment) (Job Title/Department) **Department** (Enter details of the department that the risk assessment is being carried out on, including site information if multiple sites) Control **Additional control** Date of when measures measures required Hazards identified Person(s) at risk the controls **Completed** Name currently in place (Consider the hazards must be actions that need to be (Person responsible for (Enter details of all specific to the type of who might be at risk of actioned by implementing controls) Signature) control measures that activities being assessed) harm and how) or eliminate the risks of

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Hazards identified (Consider the hazards specific to the type of activities being assessed)	Person(s) at risk (Enter details of anyone who might be at risk of harm and how)	currently in place	Additional control measures required (Enter details of any new actions that need to be taken to reduce, control or eliminate the risks of each hazard)	Name (Person responsible for implementing controls)	Date of when the controls must be actioned by (DD/MM/YYYY)	Completed (DD/MM/YYYY, Signature)	
•	•			•		•	
• Don't forget to sign an	d date this Risk Asse	essment document once con	mplete				
Risk Assessment share (Enter details of which department and roles the risk assessment in shared with)	ents						
Name		Signed	Curren	Current Date		Latest Date for Review	

(Competent Person carrying out Assessment)	(Signature)	(DD/MM/YYYY)	(DD/MM/YYYY)

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