Risk Assessment Template

Name (Competent person carrying out the risk assessment)		Role (Job Title / Department)		Date (DD/MM/YYYY)		
Department (Enter details of the department assessment is being carried information if multiple sites)						
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)	Control measures currently in place (Enter details of all control measures that are currently in place on site)	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 controls must be actioned by (DD/MM/YYYY)	Completed (DD/MM/YYYY, Signature)



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① Don't forget to sign and date this Risk Assessment document once complete Risk Assessment shared with (Enter details of which departments and roles the risk assessment must be							
shared with) Name (Competent person carrying of		Signed (Signature)	Current Date (DD/MM/YYYY)		Latest Date fo		

