



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)



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)



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)



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)
① Don't forget to sign a	and date this Risk Asses	sment document once co	omplete			
Risk Assessment shared (Enter details of which depart and roles the risk assessmen shared with)	tments					
Name (Competent Person carrying ou	ut Assessment)	Signed (Signature)	Current Date (DD/MM/YYYY)	•	Latest Date for Review (DD/MM/YYYY)	

