

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	and date this Risk Asses	ssment document once co	omplete			
Risk Assessment shared (Enter details of which depar and roles the risk assessmer shared with)	tments					
Name (Competent Person carrying out Assessment)		Signed (Signature)	Current Date (DD/MM/YYYY)		Latest Date for Review (DD/MM/YYYY)	

