

RISK ASSESSMENT

work process		assessment date				review date		
Hazards identified	Category of persons at risk	Risk factor level high medium low	Existing controls, precautions, arrangements, procedures	Are existing controls adequate? yes/no	If no, what additional controls, precautions, arrangements, procedures are required?	Action to be taken by	Target date	Date completed and signature
No.	Hazard							

Printed name of assessor :
Signature :
Date: