

FILLING THE GAP

RISK ASSESSMENT FORM

YOUR PROJECT NAME/LOGO

		Location:	
Task Covered by this Assessment:		Persons at Risk:	Reference No:

HAZARD	ACTION ALREADY TAKEN TO REDUCE THE RISK (Control measures)	RESIDUAL RISK H – High M – Medium L - Low	ARE THE CONTROL MEASURES ADEQUATE YES / NO	FURTHER ACTION REQUIRED (If existing controls are inadequate)	BY WHO AND WHEN

EVALUATION OF RESIDUAL RISK

HIGH	Where it is likely that harm and/or serious injury may occur, eg fatality, fracture
MEDIUM	Where it is foreseeable that harm and/or injury may occur, eg sprains
LOW	Where it is unlikely that harm and/or injury may occur

Name and Job Title of Assessor(s):	Signature(s):	Date of Assessment:
Name of Manager:	Signature:	Date of Review: