RISK ASSESSMENT RECORD FORM

Company name

Address

Date of assessment

E mail

Tel/fax no

Signed

Review date

What is the hazard?
(eg slipping/tripping, fire, chemicals, machinery/equipment, working at height, confined spaces, electricity, pressure systems, dust, manual handling, noise, poor lighting, biological agents, vehicles, violence, extremes of temperature etc)

List hazards here:
Who might be harmed?
(eg operators, office staff, maintenance staff, contractors, cleaners, visitors, members of the public.) Pay attention to: young people, people with disabilities, pregnant workers, lone workers, inexperienced staff etc

List those at risk:

Is the risk adequately controlled?
(eg do controls meet minimum standards, codes of practice etc and reduce risk ‘so far as is reasonably practicable’. Is there a safe system of work?) Have adequate information, instruction, training and supervision been provided?

List existing controls and where control information may be found:

What further action is required?
(eg to eliminate, reduce, isolate or control hazards, rather than adapt people to cope with them by use of personal protective equipment etc) Give priority to those risks which could affect large numbers of people and/or cause serious harm.

List risks which are still not adequately controlled, action to be taken and timescales, targets etc: