


FORM		
OCCUPATIONAL RISK ASSESSMENT FORM		
Administration		
Assessment Ref:		Location:
Task Description:		
Roles Affected:		
Assessment Date:		Review Date:
Details of the Assessor		
Name:		Title:
Signature:		Date:
Line Manager Details		
Name:		Title:
Signature:		Date:

FORM

OCCUPATIONAL RISK ASSESSMENT FORM



Assessment Details

Hazard	Risk Description	Existing Control Measures (what are we already doing to reduce the risk)	Initial			Additional Controls (what else can we do to further reduce the risk)	Residual		
			Likelihood	Consequence	Risk		Likelihood	Consequence	Risk

Action Plan

Action No.	Action	Priority (How urgent?)	Owner (Who by?)	Due Date (By When?)	Status (Open / Closed?)