Risk Assessment Form

Date: __________________________  Location: __________________________

Name of person doing assessment: __________________________

Activity / Procedure being assessed: __________________________

Known or expected hazards associated with the activity: __________________________

The risk of injury and its severity likely to arise from these hazards: __________________________

Who is at risk? __________________________

Measure to be taken to reduce the level of risk: __________________________

Training prerequisites: __________________________

Level of risk remaining: __________________________

Action to be taken in an emergency: __________________________

References, if any: __________________________

Signature of Assessor: __________________________