**Risk Assessment form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department: |     | **RA Leader:** |  |   | **Approved by**   |  |  | **Reference Number** |
|  Process: |   | RA Member 1: |  |   |   |   |   |  |   |   |
|  Process/Activity Location: |    | RA Member 2:  |  |   | Signature: |   |   |   |
|  Original Assessment date: |    | RA Member 3:  |  |   | Name: |   |   |   |
|  Last review date: |     | RA Member 4: |  |   | Designation: |   |   |   |
|  Next review date: |     | RA Member 5:  |  |   | Date: |   |   |   |
| **HAZARD IDENTIFICATION** | **RISK EVALUATION** |  |  |  | **RISK CONTROL** |  |  |  |
| **Ref** | **Work Activity** | **Hazard** | **Possible injury/ill-health** | **Existing risk controls** | **S** | **L** | **RPN** | **Additional Controls** | **S** | **L** | **RPN** | **Implementation Person** | **Due Date** | **Remarks** |
| 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Notes: |     |  Page\_\_ of \_\_ Page(s) |