

Risk Assessment Form:

Venue:

Department:

Work Activity	Hazards, hazardous event and expected consequence	People affected	Assessment of risk Likelihood level x Consequence level = Risk level			Are risk controls required and in place
						Yes <input type="checkbox"/> No <input type="checkbox"/> Controls in Place:
		Number:	Risk Level:			

Date:

Assessor's Name:

Signature:

Next Review:

Position:

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