

RISK ASSESSMENT

NAME OF ASSESSOR	DATE	TIME
WORK AREA	TASK BEING ASSESSED	

HAZARD with hazardous event (one per row)	Who might be harmed and how?	What is already being done?	What else can be done to reduce the risk of the hazard causing harm?	Action by whom?	By when?	Date done	Review Date

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REVIEW DATE	ASSESSOR NAME	SIGNATURE
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