Risk Assessment Form

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| --- | --- | --- | --- |
| Department: | **RA Leader:** | **Approved by**Signature: | **Reference Number** |
| Process: | RA Member 1: |
| Process/Activity Location: | RA Member 2: |
| 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** | **Implemen tation Person** | **Due Date** | **Remarks** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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