

# Risk assessment form

General Risk Assessment	Number	Issue	Sheet no	Author Source	Approved by	Signature
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**Health and safety services**

General risk assessment

**RISK ASSESSMENT FORM - SAMPLE**

RISK ASSESSMENT DETAILS		DEGREE OF RISK		RISK RATING MATRIX																																																												
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5 - 9	Moderate - Reduce risks if reasonably practicable																																																															
10 -15	High Risk - Priority Action to be undertaken																																																															
16 -25	Unacceptable - <b>Action must be taken IMMEDIATELY</b>																																																															
REVIEW DATES																																																																



Health and safety services

General risk assessment

MANAGEMENT AGREED  ADDITIONAL CONTROL MEASURES REQUIRED	ACTIONED BY			ACTION COMPLETE	
	POSITION	NAME	DATE	MANAGER SIG	DATE

COMMUNICATION OF RISK ASSESSMENT FINDINGS TO STAFF				
	METHOD	YES	DATE	COMMENTS
REFERENCE OF FORMAL COMMUNICATION TO STAFF	Copy of risk assessment issued to staff			
	Controls covered in team procedure issued to staff			
	Staff Handbook issued to staff			
	Other -			
ADDITIONAL METHODS OF COMMUNICATION	Induction			
	Toolbox Talk			
	Team Meeting			
	E-mail circulation			
	Other -			

Health and safety services

General risk assessment

**COMMENTS AND INFORMATION**

(Use this section to record any dynamic risk assessment comments and information)

**Do additional controls adequately lower high risk activities to an acceptable level?**

**YES / NO**

If NO explain in comments box above

**SIGNATURE OF MANAGER**

"The risks identified in this assessment are controlled so far as is reasonably practicable"

Signature:

Date:

**DATE OF REASSESSMENT**  
(Every two years minimum)

**ARE THERE ANY CHANGES TO THE ACTIVITY SINCE THE LAST ASSESSMENT?**

**SIGNATURE OF MANAGER**

**LOCATION OF CURRENT SIGNED RISK ASSESSMENT**

