

Hisk Assessment Form

Directorate:	Location/Divis	ion/Premises: 2	S	ΡΡ	Ρ	1	VP	
Date of Risk Assessment:								
Type of Risk as	ssessment (deso	cribe) General						
Name of Person(s) carrying out Risk Assessment; Linda Monk								
Signature of Ri	Signature of Risk Assessor Linda Monk			Date 2013 onwards, rolls on each year				
Signature of Ma	anager			Date				
Review Record								

Review Date Reviewed by Changes necessary



General

Hazard

Who might be harmed and how?

What control measures are in place? Are they sufficient?



Hazard	Who might be harmed and how?	What control measures are in place? Are they sufficient?	What Further Action Required	Action by Whom	Action by When	Date Completed





The Story Steps

Who might be harmed and how?	What control measures are in place? Are they sufficient?	What Further Action Required	Action by Whom	Action by When	Date Completed

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Employee Signature Sheet

I have read the attached risk assessment form(s) for and understand what actions have been taken to reduce injury or ill health at work and what I must do to protect myself and others. I am