**Risk Assessment form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department: | |  | | | **RA Leader:** | |  |  | **Approved by** | | |  |  | **Reference Number** |
| Process: | |  | | | RA Member 1: | |  |  |  |  |  |  |  |  |
| Process/Activity Location: | |  | | | RA Member 2: | |  |  | Signature: | | |  |  |  |
| 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** | **Implementation Person** | **Due Date** | **Remarks** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Notes: |  | | | | | | | | | | | | Page\_\_ of \_\_ Page(s) |