

ORGANISATION

Page

**Health and Safety Risk Assessment**

Department:

Establishment:

Head of Department's signature

Date

| Hazard  | Who might be harmed             | Existing risk controls   | Risk H/M/L         | Further action required to control the risk   | Date implemented |
|---|---------------------------------|--|--------------------|---|------------------|
| eg moving machinery, electricity, tripping hazards, work at height, manual handling, vehicles | eg staff, visitors, contractors | eg information (include where it can be found), instruction, training, supervision |                    | eg remove risk completely, use a less risky option, prevent access to the hazard (by guarding), organise work to reduce exposure to the hazard, issue personal protective equipment |                  |
|   |                                 |  |                    |   |                  |
| Assessor Name:  | <input type="text"/>            |  | Assessor Signature | <input type="text"/>  |                  |
| Review Date   | <input type="text"/>            |  |                    |   |                  |