

General Risk Assessment

Task / activity or premises assessed:

Location:

Name of assessor:

Date of assessment:

Review Date:

Hazards and Effects	Affecting Whom (staff / visitors / public / contractors)	Risk rating with no controls	Existing Controls (if any)	Residual risk rating (With existing controls)	Actions required where residual risk is still too high
Outline of activity/task:					

Hazards and Effects	Affecting Whom (staff / visitors / public / contractors)	Risk rating with no controls	Existing Controls (if any)	Residual risk rating (With existing controls)	Actions required where residual risk is still too high

Signature of Assessor: _____

Date: _____