

Risk Assessment Form

Department:	RA Leader:	<u>Approved by</u>	<u>Reference Number</u>
Process:	RA Member 1:	Signature: Name: Designation: Date:	
Process/Activity Location:	RA Member 2:		
Original Assessment date:	RA Member 3:		
Last review date:	RA Member 4:		
Next review date:	RA Member 5:		

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														
7														
8														

Notes: