

Risk Assessment

Event:

Organisations name:

Date:

Department:

Key: Risk of injury: Low - minor Medium - significant High - fatal
Probability of incident: Low - unlikely Medium - possible High - probable

Activity	Risk	Risk of Injury	Probability of Incident	Control Measures	Review Date

Risk Assessment

Activity	Risk	Risk of Injury	Probability of Incident	Control Measures	Review Date

Event:
Site assessment date:
Assessed by:

Assessment written by:

Signatures:
Date: