

## Risk Assessment Form

<b>Company:</b>		<b>RA Leader:</b>		<b>Approved by:</b>     <b>Signature</b>	<u>Reference Number</u>
<b>Process:</b>		<b>RA Member 1:</b>			
<b>Location:</b>		<b>RA Member 2:</b>			
<b>Original Assessment Date:</b>		<b>RA Member 3:</b>	<b>Name:</b>		
<b>Last Review Date:</b>		<b>RA Member 4:</b>	<b>Designation:</b>		
<b>Next Review Date:</b>		<b>RA Member 5:</b>	<b>Date:</b>		

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: