

COSHH Risk Assessment Report No.

Initiated by:		Downloaded:	
Duty Holder Name:		Assessment:	
Department/Location:			

1. Identification of Hazard

What is the Hazard?	
Hazard Classification:	
Where is the Risk/Hazard?	

2. Consequences: What kind of harm could occur if the hazard occurs?

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3. Persons at Risk

Employees?	<input type="checkbox"/> Yes
If Yes, are any of these disabled?	<input type="checkbox"/> Yes
Contractors?	<input type="checkbox"/> Yes
Visitors?	<input type="checkbox"/> Yes
Members of the Public?	<input type="checkbox"/> Yes

What is the Level of Risk?

<input type="checkbox"/> Medium	<input type="checkbox"/> Low
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4. Precautions and Controls

Consider the following:

Do the measures meet the standards set by the relevant legislation?
Do the measures comply with a recognised code of practice?
Do the measures represent good practice?
Do the measures reduce risk as far as reasonably practicable?

1. Have you already taken precautions or controls against the risk?

<input type="checkbox"/> No	Commence, record and monitor the risk assessment Action Plan.
Comments:	
<input type="checkbox"/> Yes	Please provide details.
Comments:	

2. Have you provided adequate health and safety instruction or training?

<input type="checkbox"/> No	Commence, record and monitor the risk assessment Action Plan.
Comments:	

<input type="checkbox"/> Yes	Please provide details.
Comments:	
3. Have you provided adequate health and safety procedures?	
<input type="checkbox"/> No	Commence, record and monitor the assessment Action Plan.
Comments:	
<input type="checkbox"/> Yes	Please provide details.
Comments:	
4. What other actions can be taken?	
5. Action Plan	
Risk Assessment recorded on Action Plan	Date:
Initiated by:	
Signature:	
Date:	

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