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Hazard Risk Assessment Form No.

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

1. Identification/Description of Hazard

What is the Hazard?	
Hazard Classification: e.g. Noise / PPE etc	
Where is the Hazard?	

2. Consequences: What kind of harm could be caused by this hazard?

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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...
Do the measures comply with a recognised...
Do the measures represent good practice?
Do the measures reduce risk as far as reas...

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:	

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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

Initiated by:	
Signature:	
Date:	

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