

Risk assessment record sheet

Organisation name:

Description of activity	People at risk eg. volunteers/clients/staff/passers by
Frequency	Duration
Significant hazards eg. slipping/tripping/fire/work at height/machinery/tools/vehicles/electricity/dust	
Existing control measures	
Actions – (tick box) <input type="checkbox"/> Unacceptable risk – immediate action required <input type="checkbox"/> Risk reduction required – high priority <input type="checkbox"/> Medium risk – action required so far as reasonably practical <input type="checkbox"/> Low priority – further risk reduction not feasible or cost effective <input type="checkbox"/> Low risk – no further action required	
Timescales Date of further risk assessment following introduction of additional control measures:	
Signed for organisation by: (Signature/date)	(Print)