

GENERAL GENERIC RISK ASSESSMENT

Type of Activity:.....(please specify)

Significant Hazards <i>(ie identify the danger the from the type of activity identified)</i>	Person(s) at risk <i>(ie employee, visitor, guest etc)</i>	Existing Controls <i>(ie what is currently done to mitigate the risk, ie for chemicals there is a locked storage cupboard in a securely locked room)</i>	Risk Rating L/M/H	Additional Controls Required <i>(please state what, if any, additional controls are to be put in place to further minimise the danger and risks associated)</i>

Name of Risk Assessor:Signature of Risk Assessor

Date of Risk Assessment

Risk Assessment: Manager's Action Plan

Action Required	By Who	Risk level (L/M/H)	Target Date	Comments	Date Completed

Managers Signature:..... Position:.....Date:.....

Review Due Date..... Actual Review Date.....

Additional Information:

Name of Risk Assessor: Signature of Risk Assessor

Date of Risk Assessment