## **Form**Risk Assessment Form

Risk Assessment Form					
Risk assessment for	(name of place of wor	ship/organisation):			
Address					
			Postcode		
Assessment by (print	: name) :				
Assessment date:		Signed			
Task, activity or environment being assessed	What are the hazards are present or may be generated?	Existing controls to either eliminate or reduce the risk of an accident happening	What is the probability of an accident happening?	What is the risk rating?	Review date