**Risk Assessment Template**



**Risk Assessment Template**

**(List additional hazards, risks and controls present at your workplace)**

Location:

Assessment Date:

Review Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Risk** | **Who is at Risk** | **Risk Rating****H = High****M = Medium****L = Low** | **Controls in Place** | **Additional Controls Necessary** | **Person Responsible** | **Date Action Completed** |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- |
| **Risk Rating** | **Consequence** | **Action to be Taken** |
| High (H) | Risk of Major Injury | Immediately |
| Medium (M) | 3 day Injury/Minor Injury | 6 months |
| Low (L) | First Aid Injury | 9 months |

Risk Assessment Conducted By:

Date Conducted: