

MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS

RISK ASSESSMENT RECORD

Directorate:		Work Activity to be Assessed:		Name of Assessor:	
Section:		Date of Assessment:		Position:	

Activity/Process Occupation	What Hazards to Health and/or Safety Exist ?	What Risks do they Pose to Employees and Other Persons ?	Precautions Already Taken ?	Risk level Achieved ? (H/M/L)	Are Additional Measures Necessary ? Note: This section must be completed if risk level is HIGH

Are Any Special Groups at Risk ? YES / NO If YES, who are these, and how many ?
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