

Risk Assessment Record



Activity: Add Title Here		City/Department:	Ref:	Version:
Hazards	Who is affected? (Employees, Contractors, Public)	Control Measures (What do we have in place?)	Additional Control Measures (Site Specific/Local controls)	
Add Hazard Here	Here Here Here	<ul style="list-style-type: none"> Add Control Measures Here 	Add here (delete if not required)	
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PPE & SAFETY EQUIPMENT: (please tick as appropriate and provide details:)							
 Safety Footwear		 Gloves (please specify type)		 Hard Hat		 Safety Glasses/ Goggles	
 Face Visor		 Fall arrest/fall restraint (please specify type)		 Filtering face piece (please specify type)		 Half Mask (please specify type)	
 Hearing protection (in ear or muffs)		 Hi Vis Clothing		 Protective Overall		Any other Equipment:	
*** All PPE and equipment must be purchased through approved suppliers only.							
Assessment Completed By : (Please Print)		Signature:		Position:		Date:	
** All risk assessments will be reviewed on an annual basis or following significant change or accident/incident. Dates of review will be maintained on control sheet.							