



RISK ASSESSMENT FORM

SHEET
NUMBER

COMPANY NAME & ADDRESS	LOCATION / TASK

RISKS IDENTIFIED	PERSONS AT RISK	RISK RATING (SXP)

EXISTING PROCEDURES / PREVENTATIVES IN PLACE	NEW RISK RATING

NOTES FROM EQUIPMENT AUDIT	DATE OF INSPECTION

FURTHER ACTION REQUIRED TO REDUCE / ELIMINATE RISKS	TARGET RISK RATING (S X P)

DATE:	SIGNED:	RE-ASSESSING DATE –

MANAGEMENT SIGNATURE:	DATE:

