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| --- | --- | --- | --- | --- |
| **Subject of assessment (May be an activity, hazard or relate to an individual):** | | **RA conducted by:** | **Date:** | **RA ref. no.** |
| **List the risk/s involved or describe the hazard:** | | | | |
| **List the current control measures in place:** | | | | |
| **Current risk level: High / Medium / Low (See risk matrix) (Delete as appropriate)** | | | | |
| **List the actions required to reduce the risk (include reference to any written safety procedures):** | | | **Date actioned:** | **Actioned by:** |
| **Revised risk level: High / Medium / Low (See risk matrix) (Delete as appropriate)** | | | | |
| **RA verified by:** | | |  | **Date:** |
| **Risk assessment issued to the following;** | | |  | **Date:** |
| **Risk assessment review date. (Usually annually)** |  | |  |  |
| **Risk assessment reviewed by.** |  | |  |  |