

Risk Assessment Form

Risk assessment Title:

SECTION ONE: Initial Assessment Details

Ref No.		Date	
Unit/Community Health Partnership/Directorate		Dept. / Ward / Health Centre	
Risk Type		Specific Location (if applicable)	
General Manager		Service/Specialty	
Initial Risk Assessment (✓	Review of current Risk Assessment (✓)	Assessor	

SECTION TWO: The Risk; Provide a description of the local hazard, Problem or Concern (potential dangers / harm of risk)

Operation/Activity covered by this assessment:
Hazards/issues identified (i.e. things that can cause harm/loss or unwanted outcomes)
People involved / affected or at Risk

What is the potential outcome of the risk?

How was the risk identified?

Control Measures in Place	Responsible/Lead for Control	Date Started	Gaps in Controls

SECTION THREE

QUANTIFICATION OF RISK RATING WITH CURRENT CONTROL MEASURES IN PLACE

Measures (If reasonation (If reasonation)	f as low as is hably practicable, im	cceptable but provements ild be made	Obvious Weaknesses / Unacceptable	Wholly Inadequate/ unsatisfactory	
Record the scores generated by using	a the Matrix: Likelihoo	н	Consequence/Impact	If not Satis	factory, you must provide a Risk Control Action Plan.

RISK CONTR	RISK CONTROL ACTION PLAN Treatment Plan - Further measures required to reduce the risk)							
Action No	Action Required	Responsible/Lead for implementation	Timescale for completion (MUST have date, NOT on- going)	Date Action Complete				

SECTION FOUR - Risk Control Action Plan

SECTION FIVE

QUANTIFICATION OF TARGET RISK RATING WITH RISK CONTROL ACTION PLAN IMPLEMENTED



SECTION SIX

Risk Assessment administration

Risk Assessor: (Print Name)				Signature:		Date:	
Send copy of comple	eted Risk Assessmer	nt to Line N	lanager for inclusion on the ap	propriate Risk Regis	ter		
Date Sent:		Line	Manager Name:				
Review Date			Date copy sent to Health & Safety Book Holder	y Control	Date copy available to Staff S Representatives	Side	
Assessor Initial Date copy available to Sta		Date copy available to Staff affec	ted				

SECTION SEVEN

Management Use only						
Person responsible for implementation of additional controls – Section 4	By When?	Cost	Completed			