



**Risk Assessment Form**

**Risk assessment Title:**

**SECTION ONE: Initial Assessment Details**

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

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

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





**SECTION FOUR - Risk Control Action Plan**

**SECTION FIVE**

**QUANTIFICATION OF TARGET RISK RATING WITH RISK CONTROL ACTION PLAN IMPLEMENTED**

<b>Summary of Risk after Control Action Plan Implemented</b> (Please tick appropriate box)	<b>Satisfactory</b> (as low as is reasonably practicable)	<b>Controls in place but could still be improved</b>	<b>Controls in place but weaknesses still obvious</b>	<b>Controls in place but still wholly inadequate</b>
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Record the scores generated by using the Matrix: Likelihood  Consequence/Impact

**SECTION SIX**

Risk Assessment administration

<b>Risk Assessor:</b> (Print Name)		<b>Signature:</b>		<b>Date:</b>	
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Send copy of completed Risk Assessment to Line Manager for inclusion on the appropriate Risk Register

<b>Date Sent:</b>		<b>Line Manager Name:</b>	
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<b>Review Date</b>		<b>Date copy sent to Health &amp; Safety Control Book Holder</b>		<b>Date copy available to Staff Side Representatives</b>	
<b>Assessor Initial</b>		<b>Date copy available to Staff affected</b>			

**SECTION SEVEN**

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