

Project:		Equipment Details:		Supervisors Signature	
Supervisors Name:				Assessors Signature	Your Signature
Assessed by	Your name	Location		Date for Next Review	
Assessors Position	Your position	Date of Assessment			

Task	Hazard	People at Risk	What might happen?	Current Control Measures	Current Risk			New or Modified Control Measures	Person Responsible	Residual Risk		
					L (1-5)	C (1-5)	CR			L (1-5)	C (1-5)	RR
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0
					0	0	0			0	0	0

L	Likelyhood	CR	Current Risk
C	Consiquence	RR	Residual Risk