

21.0 RISK ASSESSMENT FORM

DATE: _____	
EMPLOYEE ASSESSING: _____	
ACTIVITY: _____	Description of Activity:
List of hazards and Risks:	List groups of people who are especially at risk from significant hazards which you have identified:
ASSESSMENT OF RISK	HIGH MED LOW
SUGGESTIONS FOR IMPROVEMENTS:	AMMENDENT OF SAFTEY POLICY STATEMENT/ACTION STEPS REQUIRED
SIGNED: _____	DATE: _____