RISK ASSESSMENT & CONTROL FORM

Department	Name & Location of plant, equipment or task
Persons performing the risk assessment	**Date:**

Identified Hazards or Task Description	Risk Level	Risk Control Recommendations and Actions Completed

Action to be taken To be completed by Head of Department

To be completed by …../…../…..	**Date next assessment / review (if applicable)** …../…../…..
Persons responsible for implementation	**Signature and date** …../…../…..