

## RISK ASSESSMENT FORM

Risk Assessment for:

Contact Name: .....

Assessment undertaken by:

.....

Address: .....

.....

Activity:.....

Post Code: .....

Date: .....

Date:.....

Tel. No.: .....

Signed: .....

1. What are the hazards?	2. What are the risks?	3. Frequency (F) (1 low – 3 high)	4. Risk (R) (1 low – 3 high)	5. Priority (F x R) (1 low – 9 high)	6. How will you control the risk?	7. Action by	Signed	Dated

