



**Section 5 – COMMENTS**

Identify hazards which have no means of control, or are not adequately controlled. List any recommendations which you feel may resolve the hazards

Hazard No.	Recommendations

**Section 6 – OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN ( Probable Frequency X Severity )**

<b>Frequency, scale : Low 1 - High 5</b>	1 Improbable, 2 Possible but unlikely, 3 Happens infrequently 4 Happens quite frequently, 5 Happens, very frequently
<b>Severity, scale : Low 1 - High 5</b>	1 Trivial injury, 2 Minor injury, 3 Hospital stay/Industrial illness 4 Major injury, 5 Fatality
Reasons:	

**Section 7 – IDENTIFY OTHER RISK ASSESSMENTS REQUIRED / RELEVANT (Circle)**

COSHH / Manual Handling / Personal Protective Equipment / Noise / Vibration / Asbestos / Lead/ Display Screen Equipment / Fire/Other (\*please state)

Assessors Name: ..... Signature:..... Date:.....

**Section 8 – ACTION PLAN (where appropriate)**

Hazard No.	Action Required	Person nominated	Date Assigned	Date Completed

Managers Name: ..... Signature:..... Date:.....

**Date of Next Assessment Review:** (NB at least annually)

Note: A copy of this Risk assessment must be kept at the place of work to which it refers and the risk factors and control measures brought to the attention of all employees carrying out and/or supervising or managing the work