

Generic Risk Assessment

Date:	Reference number:
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Brief outline of work/activity*:	
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Location:	
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Description of hazards*:	
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How might be affected, how and under what circumstances:	
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Existing control measures*:	
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Actual risk (with current controls in place)	Consequences	Serious	<input type="checkbox"/>
		Significant	<input type="checkbox"/>
		Minor	<input type="checkbox"/>
	Likelihood	Probable	<input type="checkbox"/>
		Possible	<input type="checkbox"/>
		Remote	<input type="checkbox"/>
	Nil/negligible	<input type="checkbox"/>	

Additional control measures required to reduce risk*				
Risk	New control measure to be implemented	Who's responsible	Action by	Action completed

Assessment completed by (including TU involvement):	
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Signature(s):	
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Review date:	
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*: Continue on separate sheet if required