



GENERAL GENERIC RISK ASSESSMENT

Type of Activity:

Significant Hazards	Persons at risk	Existing Controls	Risk Rating L/M/H	Additional Controls Required

Name of Risk Assessor:

Signature of Risk Assessor

Date of Risk Assessment



Risk Assessment: Manager's Action Plan

Action Required	By Who	Risk Level	Target Date	Comments	Date Completed

Managers Signature:..... **Position:**.....**Date:**.....

Review Due Date..... **Actual Review Date**.....

Additional Information:

Name of Risk Assessor:

Signature of Risk Assessor

Date of Risk Assessment