

RISK ASSESSMENT WORKSHEET

Group File No:	WORK GROUP:				POSITION/LOCATION/ACTIVITY:						
Department:											
Date / time:	Consultation Team:				Approved by:			Position:			
Review date:					Signature:			Date:			
Activity. item, area or hazard checked	Risks Identified	Consequences	Likelihood	Overall rating	Control measures	Consequences	Likelihood	Overall rating	Person Responsible	Date Implemented	Comments

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