

Health and Safety Risk Assessment Template

Date of assessment _____ [(dd/mm/yyyy) date of making the assessment]

Ref no _____ [reference no of assessment]

Created by _____ [name of firm]

Address _____ [address of firm]

The following appraisal outlines the various risky or unhealthy ventures of the firm and how to take proper steps to prevent accidents:-

Activity name _____ [mention activity]

Hazard or risk _____ [risk involved to be mentioned]

People who work _____ [mention the department involved]

Measures to be taken _____ [control steps to be taken]

Risk rating _____ [rate the risk factor on a scale of 5]

The above assessment has been validated and verified by

_____ [signature of the person who has validated]

dd/mm/yyyy [validation date]

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