

Hazard Identification and Risk Assessment Form

Project/Location:

Assessor(s):

Date:

Review Date:

No.	Activity / Task	Hazard Identified	Risk	Existing Controls	Risk Rating (L/M/H)	Further Controls Required	Person Responsible
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						

Notes / Comments: