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| --- | --- | --- |
| **ASSESSORS NAME** |  | **DATE** |
| **Description of process, activity or task to be risk assessed** | | |
| Describe the location where  the activities are taking place |  | |
| Describe the equipment and/ or substances being used |  | |
| Describe the people involved in these activities (and others who might be affected) |  | |
| Describe the equipment and/ or substances being used |  | |
| Describe the people involved in these activities (and others who might be affected) |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of hazard**  **and hazardous event** | | **Who might be**  **harmed?** | **What risk controls**  **are currently**  **in place?** | **Current risk rating** | | | **Are further controls needed?** | **Date to be completed by** | **Residual risk rating** | | |
|  | |  |  | **L** | **C** | **R** |  |  | **L** | **C** | **R** |
| **Location** |  |  |  |  |  |  |  |  |  |  |  |
| **Activities** |  |  |  |  |  |  |  |  |  |  |  |
| **Equipment and**  **substances** |  |  |  |  |  |  |  |  |  |  |  |

**\*Refer Page 3 of HLS Risk Assessment for PDF for the Risk Rating Calculator and the Action Level Table**

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