

Task / Work Function & Risk Assessment

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Description / title

Task No

Unique Risk Assessment No

Purpose and responsibilities

Enter your text here

Qualifications and experience required

Enter your text here

Pre-mitigation risk assessment

Number of people at risk

Average duration of risk (hrs)

Risk rating

High

☐

Medium

☐

Low

☐

Relevant documents (standards and procedures)

Enter your text here

Hazards

Foreseeable Causes

Consequences

Personal Protective Equipment required (tick all relevant boxes)

Head

☐

Face

☐

Hearing

☐

Limbs

☐

Respiratory

☐

Eyes

☐

Body

☐

Hands

☐

Feet

☐

Fall arrest

☐

Assessor / authorised person

Signature

Print

Date

Post-mitigation risk assessment

Number of people at risk

Average duration of risk (hrs)

Risk rating

High

☐

Medium

☐

Low

☐

Has risk reduced, if not explain here

Enter your text here

Other means of mitigating risk

Enter your text here

Assessor / authorised person

Signature

Print

Date