Free Risk Assessment

### 

**Header Information:**

* **Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Risk Identification Section:**

* **Hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Affected Persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Severity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Likelihood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Control Measures:**

* **Existing Controls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Additional Required Actions: \_\_\_\_\_\_\_\_\_**

**Risk Assessment Matrix:**

| **Hazard** | **People at Risk** | **Likelihood** | **Severity** | **Controls** |
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**Confirmation:**

* **I confirm that all information is accurate and all relevant hazards have been assessed.**

**Signature Line:**

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**