**Restaurant Coffee Shop Risk Assessment Form**

**Coffee Shop Information
Name of Coffee Shop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Risk Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment Team
Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Risk Categories**

| **Category** | **Identified** **Risks** | **Control Measures Implemented** | **Residual Risk (Low/Medium/High)** |
| --- | --- | --- | --- |
| **Hot Beverage Handling** |  |  |  |
| **Kitchen Safety** |  |  |  |
| **Customer Spill Hazards** |  |  |  |
| **Waste Disposal** |  |  |  |
| **Equipment Safety** |  |  |  |
| **Emergency Exits** |  |  |  |
| **Cash Handling** |  |  |  |
| **Allergens in Food/Beverages** |  |  |  |

**Action Plan**

1. **Implement spill training for staff.**
2. **Schedule regular equipment inspections.**
3. **Enhance allergen labeling on menus.**

**Acknowledgment
Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**