

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: _____