

Restaurant Catering Service Risk Assessment Form

Catering Service Information

Business Name: _____

Event/Location: _____

Contact Details: _____

Date of Risk Assessment: _____

Risk Identification

1. Food Handling Risks:

- Description: _____
- Impact: _____
- Control Measures: _____

2. Transportation Risks:

- Description: _____
- Impact: _____
- Control Measures: _____

3. Allergens Management:

- Description: _____
- Impact: _____
- Control Measures: _____

4. Equipment Malfunction:

- Description: _____
- Impact: _____

- Control Measures: _____

5. Waste Management:

- Description: _____
- Impact: _____
- Control Measures: _____

Assessment Conducted By

Name: _____

Position: _____

Signature: _____

Approval Section

Manager Name: _____

Signature: _____

Date: _____