

Mobile Catering Restaurant Risk Assessment Form

Business Information

Name of Mobile Catering Business: _____

Contact Number: _____

Business Address: _____

Date of Assessment: _____

Assessment Conducted By

Name: _____

Position: _____

Potential Hazards Identified

Hazard	Risk Level (Low/Medium/High)	Impact	Control Measures
Fire Hazards			
Food Contamination			
Gas Leaks			
Electrical Equipment			
Slips/Trips			
Parking Risks			

Waste Disposal Issues			
Water Supply Problems			

Recommendations for Improvement

1. _____
2. _____
3. _____

Approval

Approved By: _____

Signature: _____

Date: _____