

**Risk Assessment Form**

**Organisation:**

**Date of assessment:**

**Venue:**

**Name of person carrying out the assessment:**

Step 1	Step 2			Step 3	Step 4 & 5	
Hazard	Likelihood (L)	Impact (I)	Rating (L x I)	How will the risk be controlled?	Who is responsible?	Review & revision
<p><i>EXAMPLE: Slips / trips</i></p> <p><i>People may be injured if they trip over objects or slip on spillages</i></p>				<p><i>We carry out general good housekeeping. All areas are well lit including stairs. There are no trailing leads or cables. Staff keep work areas clear, e.g. no boxes left in walkways, deliveries stored immediately, offices cleaned each evening</i></p>	<p><i>All staff, supervisor to monitor</i></p>	<p><i>Date for review: January 2016</i></p>