



Risk Assessment Form

* One Risk only per form

Administrative Area: _____
 Location: _____
 Section/Ward/Dept: _____
 Date of Assessment: _____
 Source of Risk: _____
 Unique ID No: _____

Primary Risk Category: _____
 Secondary Risk Category: _____
 Tertiary Risk Category: _____
 Name Risk Owner: (BLOCKS) _____
 Signature of Risk Owner: _____

RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	

