

Risk Assessment Blank

Event Name: #

Date of event: #

Location: #

Date of assessment: #

Name of person conducting assessment: #

Ref No.	Hazards Identified	Risks Identified	Severity/ Consequence <i>How bad could it be?</i>	Frequency or Likelihood <i>How often could it happen?</i>	Level of Risk <i>See attached risk matrix</i>	Current Control Measures <i>What will be done to control the risk?</i>