

**Risk Assessment**

**Activity: Date of Activity:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hazard** **(something with the potential to cause harm)** | **What could go wrong?** | **Who may be harmed?** | **Is the risk high, medium or low?** | **What can be done to help control the risk?** | **By when?** | **By whom?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Signed: Date RA completed:**