General Risk Assessment Form (Management of Health and Safety at Work Regulations 1999)

Service		**Risk Assessor** *Name/Position*		**Date of Assessment**	
Description of Activity					
Approved by *Name/Position*		**Date Approved Signature**		**Review Date**	

Ref No	Hazard/Harm	Persons at Risk	Max Probable Loss/Severity	Likelihood Probability	Existing Controls	Risk Score	Further Controls Required	Residual Risk Score	Person to Action Control	Date Action to Complete
1	2	3	4	5	6	7	8	9	10	11

See Guidance on EX 8 for a brief explanation of each column