UNIVERSITY OF BRADFORD
MAKING KNOWLEDGE WORK

General Risk Assessment Form

Date:	Assessed by:	Validated by:	Location:	Assessment ref no:	Review date
Task / premises:					

Activity	Hazard	Person(s) at Risk	Existing measures to control risk	Likelihood	Severity	Risk Rating

Action plan				
Ref No	**Further action required**	**Action by whom**	**Action by when**	**Completed**