Risk Assessment Form

Employer: Place of work:

Date: Name of person completing assessment:

Activity/ materials/area	Hazard Unknown risk**:**	To whom	Measures in place/ comments	Further action taken to reduce risk	Date completed
Example: Moving and transferring	Injury to back, muscle strain etc.	Personal Assistant	Equipment in place, i.e. hoist, standing aid etc.	Personal assistant must undertake training on moving and handling	
Example: Cooking	Burns/ scalds	Personal Assistant	Use cooking equipment with caution.	Use apron, oven gloves whilst preparing food. All personal assistants to have up to date food hygiene certificates.	