

Hospital Environmental Risk Assessment

General Information

Facility Name	<input type="text"/>	Date	<input type="text"/>
Assessor Name	<input type="text"/>	Department/Location	<input type="text"/>

Risk Assessment Details

Hazard	Location	Existing Controls	Risk Likelihood	Risk Severity	Further Action Required	Responsible Person
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments / Additional Notes