

# Workplace Health Risk Assessment Form

Assessor Name

Date

Department/Area

Location

## Hazard Identification

Describe the identified health hazards

## Persons at Risk

List persons or groups at risk (e.g. employees, contractors, visitors)

## Current Control Measures

Detail existing control measures in place

Likelihood of Harm

Severity of Harm

## Risk Level & Further Action

Estimated risk level (after existing controls)

Further action required

## Responsible Person & Review

Responsible Person

Review Date