

# Company/Org:

# Assessor Name: Date:

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| **HAZARD** | **Yes/No** | **RISK - What is the likely outcome?** | **Is risk high, medium, low** | **What action are you taking to eliminate AND/OR minimise the risk?**  |
| TRIP AND SLIP |  |  |  |  |
| ELECTRIC SHOCK |  |  |  |  |
| **FIRE** |  |  |  |  |
| **NOISE** |  |  |  |  |
| **HOT/COLD SURFACE** |  |  |  |  |
| **MACHINE HAZARD - entangle, ejection, drawn in**  |  |  |  |  |
| HEAVY/ DIFFICULT LOAD HANDLING |  |  |  |  |
| **FUMES/VAPOURS/ MISTS/DUSTS** |  |  |  |  |
| CHEMICALS |  |  |  |  |
|  GAZEBO/MARQUEESTRUCTURE FALL/COLLAPSE |  |  |  |  |
| **LOSS OF CONTROL OF VEHICLE/** **EQUIPMENT/ANIMAL** |  |  |  |  |
| FOOD CONTAMINATION |  |  |  |  |