|  |
| --- |
| **Risk Assessment Form**  |
| **Division:** | **Source of Risk:** |
| **HG/CHO/NAS/Function:** | **Primary Impact Category:** |
| **Hospital Site/Service:** | **Risk Type:** |
| **Dept/Service Site:** | **Name of Risk Owner (BLOCKS):** |
| **Date of Assessment:** | **Signature of Risk Owner:** |
| **Unique ID No:** | **Risk Co-Ordinator** |
|  | **\*Risk Assessor (s):** |
| **\*\*HAZARD & RISK DESCRIPTION** | **EXISTING CONTROL MEASURES** | **ADDITIONAL CONTROLS REQUIRED** | **ACTION****OWNER (i.e. the Person responsible for the action)** | **DUE DATE** |
|  |  |  |  |  |
| **INITIAL RISK** | **Risk Status** |
| **Likelihood** | **Impact** | **Initial Risk Rating** | **Open** | **Monitor**  | **Closed**  |
|  |  |  |  |  |  |