|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  | |  |  |  | |  |