APPENDIX 1

SHEET No:_____

THE HIGHLAND COUNCIL
RISK ASSESSMENT SHEET

SERVICE	**DESCRIPTION OF WORK ACTIVITY OR AREA OF THE WORKPLACE ASSESSED**	**NAME OF ASSESSOR**
AREA		**DATE COMPLETED**
LOCATION		**DATE OF REVIEW**

STEP 1	STEP 2	STEP 3	STEP 4			STEP 5
List potential hazards here:	**List groups of people who are at risk from the hazards you have identified:**	**List existing controls or note where the information may be found:**	**Calculate the residual risk taking the presence and effectiveness of control measures into account:**			**List further control measures necessary to reduce risk to an acceptable level AND date of introduction of these measures:**
			Severity (1 to 3)	**X Likelihood (1 to 3)**	**= Risk Rating ***	

*** NOTE - RISK RATINGS OF 4 OR MORE ARE SIGNIFICANT AND REQUIRE ACTION**