

GENERAL RISK ASSESSMENT

Company Name:

Site Address:

Location

Title	Date of Assessment:	Risk Assessor:	
Risk Assessment Reference	People Involved in Making This Assessment:		
Task/Process	People at Risk:		
Hazard:			
Control Measures:			
1			
2.			
Further Control Measures Required:			Assignee
			Due Date
			Status
1.			
Hazard:			
Control Measures:			
1			
2.			
Further Control Measures Required:			Assignee
			Due Date
			Status
1.			
Review date	Reviewer		

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Irish Red Cross