Supplementary Risk Assessment Sheet

To be completed when hazards / constraints in the Generic Risk Assessment have not been identified previously or increase in risk, before starting, and / or during operations.

REFERENCE No.....

GRID REF:

COMP/LOCATION:

SITE SAFETY CO-ORDINATOR:

OPERATION:

FWM MANAGER:

FOREMAN:

SITE HAZARD	WHO COULD BE HARMED	RISK (H / M / L)	CONTROL MEASURES TO REDUCE RISK TO 'AS LOW AS IS REASONABLY PRACTICAL'

I acknowledge the identified hazards and the actions put in place to manage those hazards

NAME	ID REF	DATE	SIGNATURE

SITE PLAN/ ADDITIONAL NOTES
To be completed only if required

It is the responsibility of the Site Safety Co-ordinator/foreman to ensure that all personnel on site are aware of, understand and will follow the prescribed control measures, and that they acknowledge their individual responsibilities by signing this form (at signature box on left).

IMPORTANT - IF ANY SIGNIFICANT CHANGES OCCUR AS THE WORK PROGRESSES, ALL WORK MUST CEASE AND FURTHER RISK ASSESSMENT BE UNDERTAKEN.