



Persons Affected By The Activity	ASK YOURSELF . What Hazards Have Been Identified? TODAY	3. Control Measures Already In Place if different to above	4. Further Control Measures Identified As Necessary - what needs to be done?	5. Action on measures listed in Col. 4 Allocated to (Name) For completion by (Date)	6. Work Completed Date And Signature
<ul style="list-style-type: none"> * Employees * Contractors * Public * New & Expectant Mothers * Children * Young Persons * Other vulnerable people <p>Delete inappropriate entries. Add any affected people not listed.</p>	<p>3 Boards Boards</p>	<p>Boards are in place</p>	<p>Boards Repaired</p>	<p>KD Switz</p>	<p>9-6-15 [Signature] [Signature] [Signature]</p>

RISK ASSESSMENT FORM

FORM RAS