

**BASIC RISK ASSESSMENT FORM  
ORGANISATION / GROUP LOGO**

**Date:**

**Site / GPS Co-ordinates:**

**Carried out by:**

**Task/Job / Survey Type:**

**Equipment/Substances involved:**

<b>Hazard</b>	<b>Outcome injury</b>	<b>Who might be Harmed</b>	<b>Risk Rating</b>	<b>Existing controls</b>	<b>Further action required</b>

Update required by:

Signed .....