

Generic risk assessment form

Subject of risk assessment:

Date of assessment:

Assessment completed by:

(Name & role)

What are the risks? (to patients, staff, visitors or assets)	What is being done already to control these risks?	What action (if any) needs to be taken to improve control of these risks?	Who is responsible for taking action?	How much of a priority is the action? (Urgent / Essential / Recommended / Suggested)	Action completed date (dd/mm/yy)