|  |  |  |
| --- | --- | --- |
| **Activity:** | **Room:** | **Set-up:** |

|  |  |
| --- | --- |
| **People at Risk:** | **Additional Information:** |

|  |  |  |
| --- | --- | --- |
| **Contact Person:** | **Date** | **Review Date:**  |

**Risk Evaluation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Risk** | **Priority****(L, M, H,)** | **Existing Control Measures** | **Additional Action Required (action by whom and completion date)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |