

**RISK ASSESSMENT****CU-RA 00XvX**Date of previous  
RA


Approved by (sign)


Date of current RA

Approved by (name)

Next review due

Date

Task

Assessment  
Team

Description

<b>Final Assessment Overall Risk Rating</b>		Probability Severity	Highest = Highest =	Lowest = Lowest =
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HAZARD	HAZARD EFFECT	PERSON(S) AT RISK	Uncontrolled			EXISTING CONTROL MEASURES	Controlled		
			P	S	R		P	S	R

NO.	CORRECTIVE ACTION	RESPONSIBILITY	ACTION BY DATE	STATUS