



RISK ASSESSMENT
CU-RA 00XvX

Date of previous RA	
Date of current RA	
Next review due	

Approved by (sign)	
Approved by (name)	
Date	

Task

Assessment Team

Description

Final Assessment Overall Risk Rating		Probability Severity	Highest = Highest =	Lowest = Lowest =
--------------------------------------	--	-------------------------	------------------------	----------------------

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