

## COVID – 19 RISK ASSESSMENT TEMPLATE ACCORDING TO EACH OCCUPATION IN THE BUSINESS

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Premises				Department			
				Work Area			
				Date of Risk Assessment			
NO	IDENTIFIED HAZARDS	WHAT ARE THE RISKS	Job Type	Exposure risk	CURRENT RISK CONTROL MEASURES (how are you currently controlling the risk?)	LOSS TYPE	SUGGESTED ENGINEERING CONTROL MEASURES c) use engineering controls. d) use admin controls i.e. training e) use adequate PPE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

# COVID-19 RISK ASSESSMENT TEMPLATE

No	DETAILS OF ADDITIONAL RISK CONTROLS NEEDED / RESIDUAL RISK	ACCEPTABLE RISK	NOT ACCEPTABLE RISK	SOP to be developed? (Yes/No)	PRIORITY OF THE RISK	RESPONSIBLE PERSON(S)	TARGET DATE	COMPLETION DATE	SIGNATURE
1									
2									
3									
4									
5									
6									
7									
8									
9									

Additional comments

Risk Assessment developed by	Risk assessment trained person:		Date		Signature	
Other participant names:		a)	Date		Signature	
		b)	Date		Signature	
		c)	Date		Signature	
Consultation	Staff consultation SHE Rep:		Date		Signature	
			Date		Signature	
Check/Validation	Checked/validated by:		Position			
			Date		Signature	