|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location:** | | | | | | **Date:** | | |
| **Hazard** | **What is the harm that the hazard could cause?** | **What is the likelihood that the harm would occur?** | **What is the level of risk?** | **How effective are the current controls?** | **What other controls are required?** | **How will the controls be implemented** | | |
|  |  |  |  |  |  | **Action by:** | **Expected Due Date:** | **Date of completion:** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Duty of care risk register**