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| --- | --- |
| **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:** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**Duty of care risk register**