MOD RISK ASSESSMENT FORM

MOD Form 5010

Establishment / Unit / Platform:		Section / Department / Sub-unit:	

Main activity / task / process / location:		**Assessment type** (Check as appropriate; Note 1)	

Specialist risk assessment (Note 2):		**Generic** ☐	**Specific** ☐

Relevant policy, regulation and procedures being followed e.g., JSPs, PAM 21, SOPs, SSW.		Assessment serial No:	
		Overall assessment rating (Note 3)	

(a) Ref	(b) Describe sub-task / activity / process (Note 4)	(c) Hazard identification (Something with potential to cause harm or damage)	(d) Who might be harmed (Specify all persons including contractors, visitors, members of public)	(e) Existing control measures (What are they)	(f) Risk rating (Note 5)	(g) Is the risk ALARP and tolerable Yes/No?
1						
2						
3						
4						
5						

Assessor name: (signature) (Note 9)		Rank / Grade		Post / Role		Assessment date: (dd/mm/yy)	
Authorising officer / manager name (signature) (Note 9 & 11)		Rank / Grade		Post / Role		Date: (dd/mm/yy)	

his free text section allows for detailing further additional control measures required for example by the authorising officer, commander, manager, or accountable persons (**Notes 6, 7, 8, 9, 10, 11 and 12)**

Additional control measures required by the authorising officer, commander, manager, or accountable person to be in place prior to the task / activity / process commencing. (Note 6) (detail below)	Re-assess to determine residual risk rating (Note 7)	Is residual risk now ALARP and tolerable Yes/No? (Note 8)	Name (and signature) (Notes 10 & 11)	Rank / Grade	Post / Role	Date (dd/mm/yy)
1						
2						
3						
4						
5						

Risk assessment review number (Note 13)		

Timeframe (i.e. 6 month, annual) and / or reason for review	

Reviewer's name: (and signature) (Note 9)		Rank / Grade		Post / Role:		Review Date: (dd/mm/yy)	
Authorising officer / manager name (and signature) (Notes 9 and 11)		Rank / Grade:		Post / Role:		Date: (dd/mm/yy)	

Risk assessment review number (Note 13)		

Timeframe (i.e. 6 month, annual), and / or reason for review	

Reviewer's name: (and signature) (Note 9)		Rank / Grade:		Post / Role:		Review Date: (dd/mm/yy)	
Authorising officer / manager name: (and signature) (Notes 9 and 11)		Rank / Grade:		Post / Role:		Date: (dd/mm/yy)	