MOD RISK ASSESSMENT FORM

MOD Form 5010

Unit /	/ Establishment / Site / Platform:				Section /	Department / Sub-unit:			
Main	activity / task / process:								
	Assessment type: (Check as appropriate: Note 1)	Specific □ Generic □ Assessment ser (Note 2)		ial No:		Suggested timefran for review: (Note 14	ne ‡)		
(a)	(b)		(c)			(d)		(e)	(f)
Ser	Hazard identification: (Note 3)		Who might be harmed and how: (Note 4)		d	Control measures: (Note 5 and 6)		Current risk rating: (Note 7)	Is the risk ALARP and tolerable Yes / No? (Sub notes)

Additional control measures required by the assessor, authorising officer, commander, manager, or accountable person to be in place prior to the task / activity / process commencing: (Note 8)				Residual risk rating: (Note 9)		Is residual risk now ALARP and tolerable Yes / No? (Note 10)		Remarks: (Note 11)			
Name:		Rank / role		le:	Post Role:		le: Signature: (Note 12)		Date: (dd/mm/yy)		
Assessor: (Note 12)											
Authorising officer / commander manager or accountable person: (Note 13)											
Review: (i.e. 6 month, annual) and / or reason for review: (Note 14)											
Asse (Note	ssor: (signature)		Rank / Grade:			Post / Role:			Review Date: (dd/mm/yy)		
mana	orising officer, commander, ager or accountable person b: (signature) (Notes 12 and 13)		Rank / Grade:			Post / Role:			Date: (dd/mm/yy)		

This free text section allows for detailing further additional control measures required for example by the assessor, authorising officer, commander, manager, or accountable persons (Notes 8, 9, 10, 11, 12, and 13) If no additional control measures are required this free text section does not require completion.