INITIAL RISK ASSESSMENT

Name of Ship _____ **Record no.** _____

Work Area being assessed _____

Task ID number	Work process/action undertaken in area	Hazards associated with activity	Controls already in place	Significant risks identified	Further assessment required (Y/N)

Declaration:
Where no significant risk has been listed, we as assessors have judged that the only risks identified were of an inconsequential nature and therefore do not require a more detailed assessment.

Signed _____