

# St. Mary's Church & Community Centre

## Specific Risk Assessment-RA01:

(For further information on completing this form see the separate instruction sheet)

Reference No: RA01

Now you have established the risk level consider how frequently the risk is likely to arise (enter a ✓ in the relevant box below)

Continual		Frequent		Minimal	
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Now you have completed your initial assessment answer the question below:-

Do you consider the risk controls adequate?	Yes	<input checked="" type="checkbox"/>	No	
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Is there any reference to additional assessments (e.g. CoSHH and manual handling)

Risk Assessment:	Ref No:	Risk Assessment:	Ref No:	Risk Assessment:	Ref No:

What further ACTION is required to reduce the risk

Constant monitoring of self and employees is required along with constant supply of PPE.

Action to be implemented by:	Target Date:	Completed Date:

Initial assessment completed by:	Name: S.R. GREEN	Signature: 	Date: 2 <sup>nd</sup> June 2020
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Assessment review:	Date of first review:

Assessment review completed by:	Name:	Signature:	Date:
Reason for review:	Annual Review:	Changes:	Accident/Incident:
Comments:			

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Reason for review:	Annual Review:	Changes:	Accident/Incident:
Comments:			

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Comments:			