

Unit: _____ **Activity / Exercise:** _____

Risk Assessment Number: _____	GENERIC RA: YES / NO (please delete as appropriate)
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Relevant Publications / Pamphlets / Procedures:

1. _____
2. _____
3. _____

Assessor: _____

Date of Assessment: ___/___/___

Review Date: ___/___/___

Related RA's (eg Manual Handling)

The following steps relate to the Risk Assessment Process.

Ser	Activity <i>(step 1)</i>	Hazards Identified <i>(step 2)</i>	Existing Controls <i>(step 3)</i>	Residual Risk acceptable YES or NO <i>(step 4)</i>	Additional Controls <i>(step 5)</i>	Residual Risk Acceptable YES or NO <i>(step 6)</i>
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1						
2						
3						
4						
5						
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Appendix 2 to Annex A to ACP 5

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Details of person responsible for carrying out this Risk Assessment / Review

CONTROLS	NAME (print)	POST	DATE	SIGNATURE
Existing & Additional Controls Agreed				
Additional Controls Implemented				

Issued by the Corps Health and Safety Adviser, Headquarters Air Cadets