**General Transference of Risk Assessment Form**

Staff Member:                              Name of Assessor(s):

Date of Assessment:                             Job Type/Work Activity:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What are the Concerns? | Who might be at risk of harm and how?  (Who is at special risk?) | What are you already doing?  (Current control measures, including those for people at special risk) | What further action is necessary?  (Further Control Measures) | Action by whom | Action by when | Done | Risk Factor taking all risks/controls into consideration | | |
| Likelihood | Severity | Risk Level |
| Transference of Risk |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Control Measures Acceptable     Revision date: -

Signed off by:                                                   Date: