

Claxby Parish Council Risk Assessment Form

Health and Safety Executive

Company name: Claxby Parish Council

Assessment carried out by:

Date of next review:

Date assessment was carried out:

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done
1.						
1.1						
1.2						
1.3						
2.						
2.1						
2.2						
2.3						
2.4						

3.

3.1

3.2

3.3

3.4

3.5

3.6

4.

4.1

4.2

4.3

4.4

5.

5.1

5.2

5.3

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6.

6.1						
6.2						
6.3						
6.4						
6.5						
6.6						
6.7						
6.8						