

RISK ASSEMENT FORM JNCASR

Date :

Location/department:

Hazard category	Who might be harmed and how?	Existing Safety Measures	What further controls/actions are required?	Timescales for further actions to be completed	Responsible person/department

Comments(If any):

Assesor Signature/Corodinator safety signature :	JNCASR Authorized person/Chairman:	Lab Incharge /Department Signature:
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