

# Worksheet A

## Risk Assessment – Cover Sheet

Firm \_\_\_\_\_ Effective Date: \_\_\_\_\_

Company/Part of Company \_\_\_\_\_

**The risk assessment was led by:** \_\_\_\_\_

**Participants in the risk assessment:**

Management/Management Executive \_\_\_\_\_

Employees \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Safety Delegates \_\_\_\_\_

\_\_\_\_\_

Works Council \_\_\_\_\_

OSH Professional \_\_\_\_\_

Occupational Physician \_\_\_\_\_

**Other applicable documents:**

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