

Worksheet B

Risk Assessment – Company Organisation

Firm _____ Effective Date: _____

Company/Part of Company _____

Working areas	Activities	Activities	Activities	Activities
Production <input type="checkbox"/>				
Warehouse <input type="checkbox"/>				
Office <input type="checkbox"/>				
Workshop <input type="checkbox"/>				
Laboratory <input type="checkbox"/>				
Field Service <input type="checkbox"/>				
Maintenance <input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

