

RISK ASSESSMENT		Ref No:	
DEVICE:			
INTENDED USE:			
IDENTIFY KNOWN / FORESEABLE HAZARD			
IS A RISK REDUCTION NECESSARY?		YES	NO
IF SO, CAN THE RISK BE REDUCIBLE?		YES	NO
IF YES, PLEASE DETAIL			
ARE OTHER HAZARDS GENERATED IF THE RISK IS REDUCED?		YES	NO
DO MEDICAL BENEFITS OUTWEIGH THE RESIDUAL RISK?		YES	NO
DETAILS OF ACTION TAKEN:			
FOLLOW-UP ASSESSMENT NECESSARY?		YES	NO
DETAILS:			
SIGNED:	DATE:		