Person / company responsible for action									
To be completed by [date set above]									
Exposed person(s) informed?			Agreed action taken?			Risk removed?			
Yes		No		Yes		No		Yes		No	

Hazard Number	**[No.]**	**Risk Factor (1-5)**	**[No.]**
Description			
Person(s) exposed			
Action to take			
Person / company responsible for action			
To be completed by [date set above]			
Exposed person(s) informed?		Agreed action taken?		Risk removed?		
Yes		No		Yes		No		Yes		No	

Hazard Number	**[No.]**	**Risk Factor (1-5)**	**[No.]**
Description			
Person(s) exposed			
Action to take			
Person / company responsible for action			
To be completed by [date set above]			
Exposed person(s) informed?		Agreed action taken?		Risk removed?		
Yes		No		Yes		No		Yes		No	

Hazard Number	**[No.]**	**Risk Factor (1-5)**	**[No.]**
Description			
Person(s) exposed			
Action to take			