

**Unit:** \_\_\_\_\_ **Activity / Exercise:** \_\_\_\_\_

Risk Assessment Number: _____	<b>GENERIC RA: YES / NO</b> (please delete as appropriate)
-------------------------------	--

**Relevant Publications / Pamphlets / Procedures:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Assessor: \_\_\_\_\_

Date of Assessment: \_\_\_/\_\_\_/\_\_\_

Review Date: \_\_\_/\_\_\_/\_\_\_

Related RA's (eg Manual Handling)

\_\_\_\_\_

\_\_\_\_\_

The following steps relate to the Risk Assessment Process.

Ser	Activity <i>(step 1)</i>	Hazards Identified <i>(step 2)</i>	Existing Controls <i>(step 3)</i>	Residual Risk acceptable YES or NO <i>(step 4)</i>	Additional Controls <i>(step 5)</i>	Residual Risk Acceptable YES or NO <i>(step 6)</i>
(a)	(b)	(c)	(d)	(e)	(f)	(g)
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>7</b>						
<b>8</b>						

Appendix 2 to Annex A to ACP 5

9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Details of person responsible for carrying out this Risk Assessment / Review

<b>CONTROLS</b>	<b>NAME (print)</b>	<b>POST</b>	<b>DATE</b>	<b>SIGNATURE</b>
<b>Existing &amp; Additional Controls Agreed</b>				
<b>Additional Controls Implemented</b>				

Issued by the Corps Health and Safety Adviser, Headquarters Air Cadets

Appendix 2 to Annex A to ACP