

# Site Specific Risk Assessment

**Site Name:** .....

Task			
Date			
Location, inc post code and OS grid reference			
Project leader			
Meeting / access point for emergency Services			
Nearest phone / mobile number	Signal level ..... 1-10 Battery level ..... 1-10		
First Aider(s)			
Location of: First aid kit Spill Kit Fire extinguisher			
Additional hazards not covered by generic risk assessment	Who Might be harmed?	How might they be harmed?	Control measures to put in place to reduce risk to an acceptable level.
Volunteers names			Attending Y/N
Emergency contact ( optional)			Tel: