



# RISK ASSESSMENT

Name					Date			
Address					Job Reference Num			
Mechanical								
Person(s) at risk	Control measures currently in place	Additional control measures required	Risk Level (1 Low 5 high)	Date controls must be actioned by (DD/MM/YYYY)	Person responsible for implementing control	Date Completed (DD/MM/YYYY)		

Electrical						
Person(s) at risk	Control measures currently in place	Additional control measures required	Risk Level (1 Low 5 high)	Date controls must be actioned by (DD/MM/YYYY)	Person responsible for implementing control	Date Completed (DD/MM/YYYY)

Chemical						
Person(s) at risk	Control measures currently in place	Additional control measures required	Risk Level (1 Low 5 high)	Date controls must be actioned by (DD/MM/YYYY)	Person responsible for implementing control	Date Completed (DD/MM/YYYY)

Physical						
Person(s) at risk	Control measures currently in place	Additional control measures required	Risk Level (1 Low 5 high)	Date controls must be actioned by (DD/MM/YYYY)	Person responsible for implementing control	Date Completed (DD/MM/YYYY)

General Work Environment						
Person(s) at risk	Control measures currently in place	Additional control measures required	Risk Level (1 Low 5 high)	Date controls must be actioned by (DD/MM/YYYY)	Person responsible for implementing control	Date Completed (DD/MM/YYYY)

*Internal Uses Only*

*Ones completed submit to: Site.Safety@JJCleaningServices.uk with Job Ref Number*

Don't forget to sign and date this Risk Assessment document once complete			
Name		Role Title	
Date (DD/MM/YYYY)		Signature	
Date of review			

0121 741 8515 | 07463128266 | [Info@JJCleaningServices.uk](mailto:Info@JJCleaningServices.uk) | [www.JJCleaningServices.uk](http://www.JJCleaningServices.uk)

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