CONSTRUCTION PROJECT RISK ASSESSMENT					
Project Name:					
Location:					
Client:					
Contractor:					
Date:					
Assessed By:					
ACTIVITY / TASK	HAZARD	RISK LEVEL	CONTROL MEASURES	RESPONSIBLE	PERSON
REVIEW & APPRO	DVAL				
Additional Controls Required:					
Review Date:					
Assessor Signature	<b>e</b> :				
Project Manager S	gnature:				