

(NAME OF AGENCY)

General Risk Assessment Form

DC-020

Nature of the assessment:		Name of assessor:		Signed: Service User / relative / representative:	
.....		Job title:	
.....		Signature of assessor:	
Date of assessment:	
Nature of risk identified	Method used to reduce or manage the risk	Review of effectiveness			

Issue No: 1 Rev: 0 Issue Date: Approved by: