

Site Specific Risk Assessment

Designated contact: _____

Location of Site: _____

**Meeting Point for
Emergency Services** _____

**Nearest A & E
Phone No** _____

**Nearest Gardai
Phone No** _____

Grid Reference _____

Site Contact Details _____

Directions to site _____

**Location of nearest
mobile
Signal reception** _____

Comments: _____

Risk Assessment Title: _____

<i>Hazards</i>	<i>Control Measures</i>

Declaration: I understand the risk assessments that has been carried out for the work being done and the control measures that must be implemented

Name	Signature	Emergency Contact No

Risk assessment completed by			
Name		Signature	
Date		Contact Details	