Detailed Site Risk Assessment

for Mobile Elevating Work Platforms (MEWPs)

Name of Risk Assessor: _____ Date of Assessment: _____

Project/Location: _____ Suitable Equipment (check box):

Hazard List Possible Hazards	**Potential Risk from Hazard** Describe Type of Risk	**Potential of Risk** High/Medium/Low	**Severity of Risk** High/Medium/Low	**Control Measures** Action/Correction