

Risk Assessment Form in Relation to a Return to Work

Name of Employee: _____

Name of Reviewer: _____

What is the impact of the condition on what the employee can/cannot do? (also refer to "fit note"/any SOHS management report if relevant)	What is the impact on the employee's ability to undertake their role?	Identified risks (including, if appropriate, in relation to other colleagues)	Modification/s agreed to remove/minimise risks identified	Who will action identified modification/s?	When will the modifications be made?	Agreed review date/s
e.g. avoid lifting weights over 5kg	e.g. temporarily unable to lift/move equipment in excess of that weight	e.g. dropping equipment may increase risk to employee and others	e.g. introducing aids i.e. trolleys to manoeuvre heavy weights, identify colleagues able to undertake such work temporarily, adjust shelving levels	e.g. Line Manager, colleague, returning employee	e.g. is it possible immediately/time to order aids/adjust environment?	e.g. Daily, Weekly, Fortnightly, monthly. Perhaps taking into account SOHS appointments to track progress?

Date: _____

Reviewer's Signature: _____

Employee's Signature: _____