

Stress Risk Assessment Form (SHE 31)

Department:		Number:	
Role title:		Date:	

Reason for Assessment: (please state below:)

New post	New postholder	Updated assessment	Other (please specify below)
-----------------	-----------------------	---------------------------	-------------------------------------

1 JOB 'TYPE' What does the individual do (duties)?	2 HAZARDS AND STRESSORS Who are they dealing with and how?	3 RISK EVALUATION Is the risk high, medium or low and why?	4 CONTROL MEASURES How can the risk be reduced?	5 PRIORITY TIMESCALE and Review date

Risk assessment completed by:
 _____ and _____ Date _____
 (Manager) (UES Technology)

Risk assessment seen and approved by:
 _____ Date _____
 (Health and Safety /Director/HR Manager)

Section	Revision No	Issue Date	Review Date	Approved
SHE 31	1	July 2011	July 2011	Yes/BMP