



# GENERIC HEALTH, SAFETY & FIRE RISK ASSESSMENT

LOCATION ACTIVITY	HAZARD	PERSON AT RISK	CONTROL MEASURES	RESIDUAL RATING	NOTES
SURGERY AREA	DRILL	OWNER/ CLIENT	NONE REQUIRED	LOW	(reassess all areas regularly then initiate new plan if found to be necessary)
SURGERY AREA	CO2 Cylinder	OWNER/ CLIENT	EXTRA CARE WHEN IN USE NONE REQUIRED WHEN NOT IN USE	LOW	
SURGERY AREA	STERILIZER	OWNER	SERVICED & CALIBRATED YEARLY, CHECKED DAILY	LOW	
SURGERY AREA	WALL HEATER	OWNER/ CLIENT	CHECKED MONTHLY BY COMPETENT PERSON	LOW	
SURGERY AREA	WAX BATH	OWNER/ CLIENT	CHECKED MONTHLY BY COMPETENT PERSON	LOW	
SURGERY AREA	ULTRASONIC CLEANER	OWNER/ CLIENT	NONE REQUIRED	LOW	
SURGERY AREA	BIO-GUN	OWNER/ CLIENT	NONE REQUIRED	LOW	
SURGERY AREA	CHEMICALS	OWNER/ CLIENT	ALL CHEMICALS OF A CORROSIVE OR IRRITANT NATURE ARE KEPT IN A LOCKED CABINET. CLEARLY MARKED. CONTAINERS ARE CHECKED REGULARLY	MED	
DATE: _____ SIGNED: _____					