**Stress Risk Assessment Form**

<table>
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<tr>
<th>Department:</th>
<th>Role code no:</th>
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<tbody>
<tr>
<td>Role title:</td>
<td>Date:</td>
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Reason for Assessment: (please state below:)

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<tr>
<th>New post</th>
<th>New postholder</th>
<th>Updated assessment</th>
<th>Other (please specify below)</th>
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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 ____________________
(Line Manager/Supervisor) (Departmental Safety Officer)
Date ____________

Risk assessment seen and approved by:

____________________
(Head of Institution or representative)
Date ____________