

MENTAL HEALTH RISK ASSESSMENT FORM

Subject of risk assessment: Business/team/individual

No of employees:

Reason for this risk assessment:

Risk Factors to Consider				
Role: Whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles				
Action point no.	Issues identified	Proposed control measures/action required	Person responsible	Date completed DD/MM/YY
1				
2				
3				
4				
5				
6				

Demands: Including issues such as workload, work patterns and the work environment				
Action point no.	Issues identified	Proposed control measures/action required	Person responsible	Date completed DD/MM/YY
1				
2				
3				
4				
5				
6				

Control: How much control staff have in the way they do their work				
Action point no.	Issues identified	Proposed control measures/action required	Person responsible	Date completed DD/MM/YY
1				
2				
3				
4				
5				
6				

Relationships: Including issues such as workload, work patterns and the work environment				
Action point no.	Issues identified	Proposed control measures/action required	Person responsible	Date completed DD/MM/YY
1				
2				
3				
4				
5				
6				

Support: Including the encouragement, sponsorship and resources provided by the organisation, line management and colleagues				
Action point no.	Issues identified	Proposed control measures/action required	Person responsible	Date completed DD/MM/YY
1				
2				
3				
4				
5				
6				

Change: How organisational change (large or small) is managed and communicated in the organisation				
Action point no.	Issues identified	Proposed control measures/action required	Person responsible	Date completed DD/MM/YY
1				
2				
3				

Declaration	
Signature:	Date: