

GA04 Return to work risk assessment

Company name		Project title	
Location		Contract no.	
Name of person returning to work		Employee no.	
Date of birth		Occupation	
Period of absence from work			
Nature of injury, illness or condition that rendered the person unfit for work	Department/site		
Has a fit note been obtained from the doctor?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is occupational health advice required? If 'Yes' state advice given	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Proposed working hours (using 24-hour clock)	Safety induction carried out by		
Nature of work to be undertaken	Specific work that must not be undertaken		
Specific hazards/risks identified	Control measures required		
Agreed risk assessment review date			
Risk assessment prepared and briefed by			
Name		Position	
		Signature	
		Date	
I have been briefed on this risk assessment			
Name		Position	
		Signature	
		Date	

Note: the health and safety briefing must include the:

- risks identified by the assessment
- preventative/protective measures required to ensure the employee's health and safety
- duties/tasks that are prohibited
- emergency procedures and how they will be implemented
- first-aid arrangements.