

## WORK RELATED STRESS (WRS) RISK ASSESSMENT

JOB ASSESSED:

ASSESSOR:

RESPONSIBLE MANAGER:

DATE:

1. **Potential Work Stressors Identified:**

(High/Medium/Low Risk)

2. **Control Measures Required:**

3. **Implementation Plan for Control Measures:**

(With Target Details For Each Control Measure)

4. **Review Date:**

Signed: ..... (Assessor) ..... (Responsible Manager)