# **Risk Assessment for Infection Control**

Date: [Insert Date] Location: [Insert Location] Assessor: [Insert Name]

#### Purpose

This document outlines the risk assessment conducted for infection control measures within [Insert Area/Facility Name].

#### **Assessment Overview**

The following risks have been identified:

- Risk Factor 1: [Description]
- Risk Factor 2: [Description]
- Risk Factor 3: [Description]

#### Recommendations

To mitigate these risks, the following recommendations are proposed:

- Recommendation 1: [Description]
- Recommendation 2: [Description]
- Recommendation 3: [Description]

### Conclusion

This risk assessment highlights the importance of implementing effective infection control measures to ensure the safety and health of all individuals within the facility.

## Approval

Assessor Signature: _	
Date:	