Date: [Insert Date]

To: [Recipient Name/Department Name]
From: [Your Name/Health and Safety Officer Name]
Subject: Workplace Injury Risk Assessment and Mitigation Plan

Dear [Recipient Name],

This letter serves as a formal notification regarding the identified injury risks within [Insert Department or Work Area]. Following a recent safety audit, we have identified the following hazards that require immediate attention to ensure the safety of our employees:

- **Identified Hazard:** [Description of risk, e.g., Ergonomic strain, wet floors, faulty machinery]
- **Potential Impact:** [Type of injury, e.g., Musculoskeletal disorders, slip and fall, lacerations]
- **Risk Level:** [Low / Medium / High]

To mitigate these risks and prevent workplace injuries, the following corrective actions are to be implemented by [Insert Deadline Date]:

1. [Action Item 1: e.g., Installation of anti-slip mats]
2. [Action Item 2: e.g., Mandatory safety training for all staff]
3. [Action Item 3: e.g., Replacement of outdated equipment]

We request that [Department Name] reviews these findings and confirms the commencement of the mitigation steps. Safety is a collective responsibility, and addressing these concerns is vital to maintaining a compliant and healthy work environment.

Please contact the Health and Safety Office at [Insert Phone Number/Email] if you have questions or require additional resources to complete these tasks.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Job Title]