**The Red text is what you need to fill and examples of how to do so.**

|  |  |
| --- | --- |
| **Date assessment issued: Today’s date** | **Use this area to describe the area and/or the main activities to be covered by this risk assessment. Include details of the facility used:**  **What activity will your society be doing?** |
| **Planned review date: A year from today** |
| **Retention period: A year** |

|  |
| --- |
| **Summary of assessment:** The activity has been assessed against the existing control measures. The assessment has identified the below issues and any non-H&S recommendations are detailed in the action plan.  **Signature of assessor: \_Your signature\_\_\_\_\_\_\_\_ Name (print): \_Your name \_\_\_ Position in Group: \_\_\_\_Your committee position\_\_ Date: Today\_** **Manager’s Approval:** I have reviewed this risk assessment in consultation with the assessor and accept the issues identified. The actions defined in this risk will be taken in order to reduce residual risks to a level that is as low as reasonably practicable. **Signature of Manager …………………………… Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Subsequent assessment review:** Risk assessments require review, and in some cases revision, to ensure the assessment continues to reflect current working practices e.g. a review should be initiated in response to significant changes to the area / activity or if an accident / incident has occurred.  **Review undertaken on: Comments:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HAZARDS | | | | | | | | | |
| Please place a cross in the box next to each relevant hazard area to Identify significant hazards relevant to this risk assessment | | | | | | | | | |
| Flammable / Explosive Substances |  | Hazardous Waste Disposal |  | Storage / Housekeeping |  | Temperature |  | Travel Health |  |
| Ionising / Non-Ionising Radiation |  | Discharge / Spill |  | Falling Objects |  | Humidity |  | Stress |  |
| Exposure to Hazardous Substances |  | Slips, Trips & Falls |  | Machinery / Power Tools |  | Lighting | **X** | Out of Hours Working |  |
| Biological Hazards |  | Electrical Safety |  | Hygiene | **X** | Noise |  | Personal Security |  |
| Cryogenic Hazard |  | Manual Handling |  | Welfare |  | Vibration |  | Display Screen Equipment |  |
| Chemical Storage |  | Working at Height |  | Pressure / Vacuum Systems |  | Access / Egress |  | Reputation |  |

**Put a cross in each box of a hazard/risk for your event. See above for examples.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WHO IS AT RISK | | | | | | | | | |
| Identify groups of individuals who need to be considered as part of this risk assessment | | | | | | | | | |
| **Staff/Students** | | Contractors | | **Visitors** | | **Others** | | **Higher Risk groups** | |
| Employees | **X** | Cleaners |  | Visitors |  | Neighbours |  | Young Persons |  |
| Temporary Staff |  | Maintenance Engineers |  | Customers |  | Members of the Public | **X** | Disabled Persons |  |
| Operatives |  | Security |  | Delivery Staff |  | Environment |  | Children |  |
| Academics |  | Catering Staff |  | Clients |  | Wildlife |  | Pregnant /Nursing Mothers |  |
| Students | **X** | Contractors |  |  |  |  |  | Lone Workers |  |

**Put a cross in who will typically be at your event and at risk. See above for examples**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RISK MATRIX | | | | |
| Use the risk matrix to classify the perceived level of risk and to prioritise the action plan | | | | |
| **LIKELIHOOD** | **SEVERITY** | | | |
| **1 -Slight**  **(First aid injury)** | **2 - Moderate**  **(Medical treatment injury)** | **3 - Severe**  **(Lost time accident/major injury)** | **4 - Very Severe**  **(Long term disability or fatality)** |
| **4 - Very Likely**  **(Common occurrence)** | **4 - Low** | **8 - Medium** | **12 - High** | **16 - High** |
| **3 - Likely**  **(Easily foreseeable)** | **3 - Low** | **6 - Medium** | **9 - Medium** | **12 - High** |
| **2 - Possible**  **(Foreseeable under unusual circumstances)** | **2 - Not Significant** | **4 - Low** | **6 - Medium** | **8 - Medium** |
| **1 - Unlikely**  **(Unlikely sequence of events /**  **unplanned event)** | **1 - Not Significant** | **2 - Not Significant** | **3 - Low** | **4 - Low** |

**Use this table (risk matrix) to assign your risks a number and colour, making it clear the risks that are being taken and that measures are happening to stop them.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ASSESSMENT OF RISK | | | | | |
| List each individual risk within each identified hazard area and detail the control measures taken to reduce each risk. Please refer to the matrix below to determine the risk rating before and after control measures. | | | | | |
| **Significant Hazard Area** | **Perceived Nature of Risk** | **Risk rating before control measures** Low/Medium  /High | **Existing Control Measures** | **Risk rating after control measures**  Low/Medium  /High | **Further action required**  **Yes/No** |
| **Hygiene** | **Covid 19 Precaution - Items provided for the event could potentially cause participants to get infected.** | **3x1=3** | **Sanitiser will be available at the event.** | **1x1=1** | **No** |
| **Lighting** | **Lighting in each area can be different, particularly if the room is outward facing. The light in the room can impact people's health, usually causing headaches. This can be caused if the room is too light or too dark.** | **3x1=3** | **The room will be assessed prior to its use and any lighting concerns should be raised.**  **People within the rooms should be encouraged to make use of any eye wear they may have, to diminish any chance of headaches occurring.** | **2x1=2** | **No** |
|  |  |  |  |  |  |

**Fill in the table above corresponding to the risk you have previously marked with an X. Examples have been provided about what will be done/what has been done to reduce the risk. See above for examples**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACTION PLAN | | | | | |
| Develop a prioritised action plan to support the risk assessment, if any of the identified control measures require further action | | | | | |
| **Action to be taken to further reduce risk** | **Person responsible for completing action** | **Target completion date**  **(Prioritized on risk)** | | **Action closure** | |
| **Date** | **Priority** | **Signature** | **Date** |
| **Provide hand sanitizer and anti-bacterial wipes/ anti-bacterial spray and tissue roll.** | **Initial of committee member responsible** | **Current date** | **Priority level** |  |  |
| **Place a card to notify participants that pictures will be taken, and they could opt out of being in them.** | **Initial of committee member responsible** | **Current date** | **Priority level** |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Fill in the above table with what additional or future actions need to be taken on top of what has been previously stated. A committee member needs to assigned to each action ensuring that it is completed. See above for examples and instructions.**

**Any question about filling out a risk assessment please contact** [**Student.involvement@solent.ac.uk**](mailto:Student.involvement@solent.ac.uk)**.**

**NOTE: If a risk assessment is not fully completed/completed to a good standard it will be rejected and you will need to submit an updated version.**

**Risk assessments need to be completed for each event involving people outside of your society and one for normal internal society activities.**