



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	<input type="checkbox"/>	Hazardous Waste Disposal	<input type="checkbox"/>	Storage / Housekeeping	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	Travel Health	<input type="checkbox"/>
Ionising / Non-Ionising Radiation	<input type="checkbox"/>	Discharge / Spill	<input type="checkbox"/>	Falling Objects	<input type="checkbox"/>	Humidity	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Exposure to Hazardous Substances	<input type="checkbox"/>	Slips, Trips & Falls	<input type="checkbox"/>	Machinery / Power Tools	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Out of Hours Working	<input type="checkbox"/>
Biological Hazards	<input type="checkbox"/>	Electrical Safety	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Personal Security	<input type="checkbox"/>
Cryogenic Hazard	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	Welfare	<input type="checkbox"/>	Vibration	<input type="checkbox"/>	Display Screen Equipment	<input type="checkbox"/>
Chemical Storage	<input type="checkbox"/>	Working at Height	<input type="checkbox"/>	Pressure / Vacuum Systems	<input type="checkbox"/>	Access / Egress	<input type="checkbox"/>	Reputation	<input type="checkbox"/>



Who is at Risk

Identify groups of individuals who need to be considered as part of this risk assessment

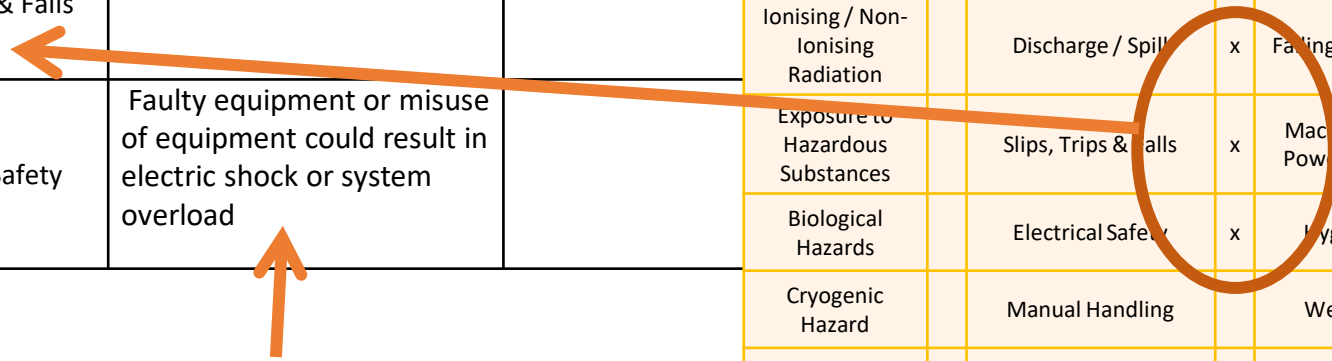
Staff/Students		Contractors		Visitors		Others		Higher Risk groups	
Employees		Cleaners		Visitors		Neighbours		Young Persons	
Temporary Staff		Maintenance Engineers		Customers		Members of the Public		Disabled Persons	
Operatives		Security		Delivery Staff		Environment		Children	
Academics		Catering Staff				Wildlife		Pregnant /Nursing Mothers	
Students		Contractors						Lone Workers	

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
Discharge / Spill	Any liquid spilt on electrical equipment could result in electric shock								
Slips, Trips & Falls	Trailing cables could cause a trip hazard and injury		Flammable / Explosive Substances	Hazardous Waste Disposal		Storage / Housekeeping	Temperature	Travel Health	
			Ionising / Non-Ionising Radiation	Discharge / Spill	x	Falling Objects	Humidity	Stress	
Electrical Safety	Faulty equipment or misuse of equipment could result in electric shock or system overload		Exposure to Hazardous Substances	Slips, Trips & Falls	x	Machinery / Power Tools	Lighting	Out of Hours Working	
			Biological Hazards	Electrical Safety	x	Hygiene	Noise	Personal Security	
			Cryogenic Hazard	Manual Handling		Welfare	Vibration	Display Screen Equipment	
			Chemical Storage	Working at Height		Pressure / Vacuum Systems	Access / Egress	Reputation	

Think of worst case scenario!



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Discharge / Spill	Any liquid spilt on electrical equipment could result in electric shock	3x4= 12 HIGH			
Slips, Trips & Falls	Trailing cables could cause a trip hazard and injury	2x2 = 4 LOW			
Electrical Safety	Faulty equipment or misuse of equipment could result in electric shock or system overload	2x4=8 MEDIUM			

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

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Discharge / Spill	Any liquid spilled on electrical equipment could result in electric shock	3x4= 12 HIGH	No food or drink is permitted in the studio and signs are in place. Students are informed of the importance and risk during induction training	1x4=4 LOW	
Slips, Trips & Falls	Trailing cables could cause a trip hazard and injury	2x2 = 4 LOW	Main cables for the equipment are run in the ceiling in correct housings. Cables tidies or cable ties are in use to prevent any trailing wires and reduce risk of trip	1x2=2 LOW	
Electrical Safety	Faulty equipment or misuse of equipment could result in electric shock or system overload	2x4=8 MEDIUM	Equipment is PAT tested annually as part of the University programme of testing. Students are advised to visually inspect before use and report any defects or concerns to SU staff Students are trained on the correct use of equipment during induction.	1x4=4 LOW	

Notice how the severity has not changed. But you have reduced the likelihood!
If it were to happen it would still be as severe.

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For some of these risks – Further action is required...



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
Induction training to include risks associated with food and drink in the studio.	Committee	October 2020	3		
Equipment to be PAT tested annually.	LR	July 2020	1		
Student to be advised to visually inspect equipment before use and report any defects or concerns to SU staff during induction training.	Student Union Staff	October 2020	2		

These have been written as tasks for next year as the PAT test has been complete and inductions delivered for new Sonar Radio members for this year.

Consider things that need to be done annually as they may go on your action plan.



Back to the front

Date assessment issued: 01/08/2019	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: Radio Sonar Studios
Planned review date: 01/08/2020	
Retention period: 1 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 Name (print) _____ Position in Group: _____ Date: _____

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: _____



Activities, Events and Income Manager

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: _____