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| **Date assessment issued:**  | **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:**  |
| **Planned review date:**  |
| **Retention period:**  |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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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:** |

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| 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 |  | Out of Hours Working |  |
| Biological Hazards |  | Electrical Safety |  | Hygiene |  | Noise |  | Personal Security |  |
| Cryogenic Hazard |  | Manual Handling |  | Welfare |  | Vibration |  | Display Screen Equipment |  |
| Chemical Storage |  | Working at Height |  | Pressure / Vacuum Systems |  | Access / Egress |  | Reputation |  |

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| 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 |  | Clients |  | Wildlife |  | Pregnant /Nursing Mothers |  |
| Students |  | Contractors |  |  |  |  |  | Lone Workers |  |

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| 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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| 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** |
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| 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** |
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