

RISK ASSESSMENT FORM

GENERAL RISK ASSESSMENT FORM

A

LOCATION/DEPARTMENT:	Ref. No:	000
TASK/ACTIVITY/PROCESS/WORKPLACE/EQUIPMENT: (Being Assessed)		

B

People/Persons at Risk – Numbers at risk					
General			Specific - Vulnerability		
1. Employees/Staff		5. Customers		9. New & Expectant Mothers	
2. Co-Workers		6. Clients		10. Young Persons	
3. Public		7. Patients		11. Mobile Workers	
4. Pupils/Students		8. Service Users/Residents		12. Disabled People	
Others:					

C

HAZARDS												
Workplace				Work Equipment		Occupational Health				Specific Activities/Situations		
Structure		Access/Egress		Storage		Mechanical		Manual handling		Vibration		Working Alone
Services		Housekeeping		Glazing		Lifting		Noise		Violence & Aggression		Working at Height
Security		Welfare		Temperature		Electrical		Chemicals Agents		Stress		Confined Spaces
Signage		Transport		Lighting		Pressure		Biological Agents		Dusts & Particles		Working near or over Water
External Ground Conditions		Space		Ventilation		Thermal		Radiation		Temp Extremes		Fieldwork
		Fire & Explosion					Dangerous Substances		Animals		Hot Work	

OTHERS – SPECIFY:

RISK ASSESSMENT FORM

F

RECOMMENDATIONS				
Is a Safe System of Work Required?	Yes	No	Is a DETAILED RISK ASSESSMENT REQUIRED SPECIFY	
Is a Work Instruction required?	Yes	No	Workplace	
Is further information required	Yes	No	Work Equipment	
WILL this activity require a Permit to Work?	Yes	No	Materials/Substances - COSHH	
Any Additional Comments/Observations:			Manual Handling	
			Display Screen Equipment	
			Noise	
			Fire	
			Other:	

Risk Assessment Circulation list (tick box)				
Safety Advisor	Copy all Risk Assessments to the Safety Advisor	Management		Contractors
Other – Specify:				
Signature of Person Primarily Responsible:			Date:	
Assessor:			Signature:	
Date Assessed:			Review Timescale:	

RISK ASSESSMENT FORM

GUIDANCE FOR THE COMPLETION OF THE RISK ASSESSMENT RECORD

Table A

Activity Assessed: Describe the activity that is being assessed. This could be a specific task e.g. floor cleaning, operation of a machine; maintenance activities etc.

Location: Describe the location of the activity.

Review Date: Enter the date that the assessment will be reviewed.

Table B

Those affected: When carrying out a risk assessment any person who may be affected by the work that is being assessed must be identified. Should there be categories of persons not identified, then enter additional categories in the boxes provided.

Table C

Hazards: Identify the hazards in the activity being assessed by putting a cross in the appropriate boxes. The list provided is not comprehensive. Should there be hazards that are not on the list then enter additional hazards in the boxes provided.

Note: *The definition of a **HAZARD** is: - something with the potential to cause harm.*

Table D

Hazards: List the hazards identified in Table C.

Existing Control Measures: Outline the existing measures which will reduce the risk arising from each of the hazards listed. Check that they meet legal requirements, industry standards and represent good practice. Typical control measures include: safe design; preventing access to the hazard e.g. guarding; written procedures and instructions; training; provision of PPE etc.

Risk

Assess the risks arising out of the hazards identified using the criteria set out below. When carrying this out consideration must be given to, what is reasonably foreseeable in relation to the identified hazards and recognition of the existing control measures that reduce the risk. Enter the appropriate letter, L for low, M for medium or H for high. If the overall risk category is low, then the assessment is complete and the information contained within the assessment disseminated to those affected. However if the overall risk category is medium or high then Additional Control Measures are required (see below).

Note: *The definition of a **RISK** is:- the likelihood that harm from a particular hazard will be realized and consequences.*

Risk Acceptable – If the risk is acceptable, say Yes if not put No and complete next sections.

RISK ASSESSMENT FORM

MATRIX	LIKELIHOOD		
SEVERITY	Certain or near certain to occur	Reasonably likely to occur	Very seldom or never occurs
Fatality; major injury or illness causing long term disability	HIGH	HIGH	MEDIUM
Injury or illness causing short term disability	HIGH	MEDIUM	LOW
Other injury or illness	MEDIUM	LOW	LOW
RISK			

Table E

Additional Control Measures:

Additional control measures that will reduce the risks further should be noted. For example, elimination of the hazard should be considered first. If this is not possible, then try to reduce the risk E.g. risks from electrical hazards might be reduced by using low voltage electrical appliances. Also consider: safer design; additional guards; additional procedures and instructions; increased supervision; personal protective equipment (PPE). The completion date for the introduction of each control measure should be recorded.

Residual Risk:

The assessment process must be repeated, taking into account, the existing and additional control measures. Enter the appropriate letter, L for low, M for medium or H for high. If the residual risk category is low, then the assessment is complete and the information should be disseminated to those affected. If the overall risk is **medium** then additional control measures should be introduced within the completion date period and the information contained within the assessment disseminated to those affected. If the Residual Risk remains **high**, work **must not** proceed and the risks arising out of the hazards re-assessed to identify further risk reduction measures.

Table F

Identify any further requirements that may need to be actioned to ensure the risk assessment process is complete!