RISK ASSESSMENT



|  |  |  |
| --- | --- | --- |
| 1. **Outline of activity or task to be assessed:**
 | Form No |  |
| Group/Service Area: |  | Work Activity |  |
| Workplace/Team |  |  |  |
| Date of Assessment: |  | Date for Re-assessment |  |
| Name of Assessors: |  | Signature: |  |
| Manager/Headteacher: |  | Signature: |  |

**Score**

5

4

3

2

1

**Likelihood / Probability**

Very likely / Almost certain

Likely

Fairly likely / Possible

Unlikely

Very unlikely

**Description**

Event is expected to occur in most circumstances

Event will probably occur in most circumstances

Event could occur at some time

Event is not likely to occur in normal circumstances

Event may occur only in exceptional circumstances

**Score**

5

4

3

2

1

**Consequence/Severity**

Catastrophic / Severe / Fatality

Major injury / ill health

Moderate (over 7-day injury)

Minor injury / ill health

Insignificant / no injury

**Description**

Death or permanent disability to one or more persons

Hospital admission required, e.g., broken arm or leg

Medical treatment required, over 7-day injury

First aid is required

Injuries not requiring first aid treatment

|  |  |  |
| --- | --- | --- |
| **Hazard** is something with the **potential** to cause **harm**. **Risk** is the **likelihood** of someone being hurt multiplied by the **severity** of the occurrence.  **Level of risk = likelihood x severity****B. Risk Matrix – This section is used for guidance to complete section C.** |  | **PRIORITY OF ACTION**High 17 - 25 Unacceptable – Stop work or activity  until immediate improvements can be made.Medium 10 – 16 Tolerable but need to improve within a reasonable timescale, e.g., 1-3  months depending on the situation.Low 5 - 9 Adequate but look to improve by next review.Very Low 1 – 4 Residual risk acceptable and no further action will be required all the time the control measures are  maintained. |
| **5 x 5 RISK ASSESSMENT MATRIX** |
| Increasing consequence or severity 🡺 | 5 | **5 low** | **10 med** | **15 med** | **20 high** | **25 high** |
| 4 | **4 very low** | **8 low** | **12 med** | **16 med** | **20 high** |
| 3 | **3 very low** | **6 low** | **9 low** | **12 med** | **15 med** |
| 2 | **2 very low** | **4 very low** | **6 low** | **8 low** | **10 med** |
| 1 | **1 very low** | **2 very low** | **3 very low** | **4 very low** | **5 low** |
|  | 1 | 2 | 3 | 4 | 5 |
|  | Increasing likelihood or probability 🡺 |

**C. Use information from section B to identify level of risk for each hazard**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What are the**Hazards?** | **Who might be harmed and how the hazard could cause harm** | **What are you already doing?****(Existing Controls)** | **Risk****Level****Low/Med/****High** | **What further actions****are necessary** | **Residual Risk****Level****Low/Med/****High** | **Action** |
| **Who** | **When** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |

**If more hazards are identified please add more boxes**

|  |
| --- |
| **D. Safe Systems of Work to be outlined below by using the information in Section C once completed:** |

**E. Circulation List**

Please list people who have been informed of the assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | DESIGNATION | SIGNATURE | DATE |
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