**Risk Assessment Form**

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| --- | --- | --- | --- | --- |
| 1. Assessment Reference No.
 |  | 1. Area or Activity assessed:
 |  | 1. Total number of sheets used:
 |
| 1. Assessment date
 |  |
| 1. Persons who may be affected by the activity and are at risk:
 |  |

**SECTION 1: Identify Hazards - Consider the activity or work area and identify if any of the hazards listed below are a significant risk.** Additional hazards can be added in boxes 29 and 30 (tick the boxes that apply).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. 1
 | 1. Fall of person (from work at height)
 | 1.
 | 1. 6
 | 1. Display screen equipment work
 | 1.
 | 1. 11
 | 1. Condition of building & glazing
 | 1.
 | 1. 16
 | 1. Noise at work
 | 1.
 | 1. 21
 | 1. Hazardous fumes,
2. chemicals, dust
 | 1.
 | 1. 26
 | 1. Lone working / work out of hours
 | 1.
 |
| 1. 2
 | 1. Fall of objects
 | 1.
 | 1. 7
 | 1. First Aid / First Aid Facilities
 | 1.
 | 1. 12
 | 1. Electrical hazards or Equipment
 | 1.
 | 1. 17
 | 1. Vibrating tools or equipment
 | 1.
 | 1. 22
 | 1. Hazardous Substances
 | 1.
 | 1. 27
 | 1. Violence to staff / verbal abuse
 | 1.
 |
| 1. 3
 | 1. Slips, trips & falls, housekeeping
 | 1.
 | 1. 8
 | 1. Layout, storage, space, obstructions
 | 1.
 | 1. 13
 | 1. Use of portable tools / equipment
 | 1.
 | 1. 18
 | 1. Fire hazards & flammable material
 | 1.
 | 1. 23
 | 1. Confined space / asphyxiation risk
 | 1.
 | 1. 28
 | 1. Work experience students
 | 1.
 |
| 1. 4
 | 1. Manual handling operations
 | 1.
 | 1. 9
 | 1. Heating, lighting & ventilation
 | 1.
 | 1. 14
 | 1. Fixed machinery or equipment
 | 1.
 | 1. 19
 | 1. Pressure vessels or stored energy
 | 1.
 | 1. 24
 | 1. Food preparation
 | 1.
 | 1. 29
 |  | 1.
 |
| 1. 5
 | 1. Mechanical Lifting operations
 | 1.
 | 1. 10
 | 1. Staff welfare facilities
 | 1.
 | 1. 15
 | 1. Transporting / Escorting Patients on visits / driving at work
 | 1.
 | 1. 20
 | 1. Outdoor work / extreme weather
 | 1.
 | 1. 25
 | 1. Occupational stress
 | 1.
 | 1. 30
 |  | 1.
 |

**SECTION 2: Risk Controls**

1. For each hazard identified in Section 1, complete Section 2 (list any additional hazards in the spare boxes 29 – 30).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Hazard
2. Number
 | 1. Hazard Description
 | 1. Existing controls in place to reduce the risk of the hazard causing actual harm
2. (check that these controls are actually working)
 | INITIAL Risk Scores | Further action / controls needed to reduce risks  | Residual Risk |
| 1. S
 | 1. L
 | 1. R
 | 1. S
 | 1. L
 | 1. R
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| 1. Name of Assessor(s)
 |  | 1. Signed
 |  | Department |  |
| 1. Service Unit
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1. Best Practice Standards1. Are there any relevant best practice standards or legal requirements which should be followed for the hazards being assessed?

E.g. Trust Policies, or guidance (corporate or departmental), legislation, HSE guidance or Approved Codes of Practice, British or European Standards, professional or trade guidance. | List these:Trust Safe Work at Height Policy | 2.2. Vulnerable Staff1. Are there any staff who may be particularly vulnerable and at risk. If so, a personal risk assessment should be carried out.
2. E.g. Young persons (under 18); new and expectant mothers, Lone workers, staff with disabilities or health conditions that might increase risk.
 | 1. List these:
 |

SECTION 3 - Action Plan– list how the further action required, as identified in Section 2, will be undertaken.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Hazard
 | 1. Action Required
 | Costs / ResourcesRequired  | 1. Target Date
 | 1. Action by whom?
 | 1. Completion Date
 |
|  |  |  |  |  |  |
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I confirm that this risk assessment is an accurate reflection of the risks and controls in place YES / NO

1. The further action required, as outlined in the Action Plan above, will be achieved by the target dates YES / NO – see below\*

\*Manager’s comments (for example if further resources are required etc.)­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by responsible manager:

1. NAME ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DATE \_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_ REVIEW DATE \_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: ASSESSMENT REVIEW RECORD**

This form is to be completed each time the risk assessment is reviewed. It is not necessary to re-write the assessment unless significant changes are made.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Date of review
 | 1. Name of Reviewer
 | Hazard Reviewed | 1. Comments
 | 1. Next review date
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