

Activity Description:

RISK ASSESSMENT

Group Name:	Assessed by:	Date of Assessment:	Ref No:
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Likelihood:

- 1 - Highly unlikely
- 2 – Unlikely
- 3 – Likely

Severity/consequences:

- 1 - Slightly harmful
- 2 – Harmful
- 3 - Extremely harmful

Risk rating (SC x L):

- 1 - Trivial risk
- 2 - Tolerable risk
- 3 - 4 - Moderate risk
- 6 - Substantial risk
- 9 - Intolerable risk

Main hazards/associated risks:

Ref No	Hazard/Risk	Who is at risk? Consider: Volunteers, Young Persons, Disability, Children/Pupils, Contractors, Visitors, New & Expectant Mothers, Members of the Public, Client/Service User	Control Measures	Locations	Likelihood	Severity	Risk Rating

Personal Protective Equipment:



Related Assessments:

Assessment Type	Assessment Ref

Action Plan:

Action	Person Responsible	Expected Completion Date

Conclusions:

If the above recommendations are followed then risks can be minimised.

A safety Method Statement can be used as part of this risk assessment which can be used to assist with training and when monitoring work activities.

Review Date: 20/04/2017

Review of this document should be annually or more frequent if:

- After an accident / incident involving an activity from this risk assessment
- Any significant changes to work practices, materials, equipment or legislation

Assessor (Signed):

Dated:

Manager (Signed):

Dated:

THIS RISK ASSESSMENT MUST BE SHARED WITH ALL INVOLVED IN THIS ACTIVITY

The sharing of the risk assessment with all staff involved with the activity is vital to ensure all control measures are complied with, are practical and adhered to.

Please document that this information has been provided