|  |  |
| --- | --- |
| ***Activity being Assessed:*** | ***Hazards Identified:✓*** |
|  | ***Violence and Aggression*** |  | ***Blood and Body Fluids*** |  | ***Radiation*** |  |
| ***Lone Working*** |  | ***Machinery / Equipment*** |  | ***Fire*** |  |
| ***Sharps / Needlestick*** |  | ***Hazardous Substances*** |  | ***Ergonomic*** |  |
| ***Slips, trips, falls*** |  | ***Electricity*** |  | ***Work Methodology*** |  |
| ***Moving & Handling*** |  | ***Weather*** |  | ***Work Environment*** |  |
| ***Department / Service:*** | *(Insert Dept. / Service)* | ***Additional hazards / information:*** |  |
| ***Location:*** | *(Insert Location)* |
| ***Person(s) exposed:*** |  |
| ***Control measures currently in place:*** | ***Specific risk assessments or guidance to be referred to:***  |
|  | ***(Eg. Moving & Handling, Violence & Aggression, COSHH, Fire etc.)*** |

|  |  |
| --- | --- |
| ***Evaluation of Risk:*** | ***Additional Control Measures Required:*** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Likelihood |  | Severity |  |
|  | Negligible | Minor  | **Moderate**  | **Major**  | **Extreme**  |
| **Almost Certain** | **Medium** | **High** | **High** | **V High** | **V High** |
| **Likely** | **Medium** | **Medium** | **High** | **High** | **V High** |
| **Possible** | **Low** | **Medium** | **Medium** | **High** | **High** |
| **Unlikely** | **Low** | **Medium** | **Medium** | **Medium** | **High** |
| **Rare** | **Low** | **Low** | **Low** | **Medium** | **Medium** |

***Negligible*** *– minor injury first aid not required****Minor*** *– minor injury or illness first aid required****Moderate*** *– agency reportable, significant injury/illness medical treatment or counselling required****Major*** *– major injury or long term incapacity/disability****Extreme*** *– death or permanent incapacity* |  |
| ***Risk Level: ✓*** | ***Responsible Manager for arranging additional controls:*** |
| ***Low Risk*** | ***Medium Risk*** | ***High Risk*** | ***Very High Risk*** | *(Insert Name / Title)* | *Signature:*  |
| ***Risk Level Acceptable: ✓*** | ***Date additional controls to be in place:*** |
| ***Yes*** ***( If medium risk indicate any additional controls desirable)*** | ***No******(Indicate additional controls required)*** |  |
| ***Final Risk Level: ✓*** | ***Low*** | ***Medium*** | ***High*** | ***Very High*** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Requirement to Add to Risk Register? ✓*** | ***Y*** | ***N*** | ***Requirement to share Risk Assessment? ✓*** | ***Y*** | ***N*** | ***Services / Depts. shared with:*** |  |

|  |  |  |
| --- | --- | --- |
| ***Assessed by / Job Title:*** | ***Date:*** | ***Review Date:*** |
|  |  |  |