|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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:*** |
|  |  |  |