**GENERAL RISK ASSESSMENT**

**Special care to be taken when training young persons on this risk assessment as this may be the first real life work/site experience and they will lack safety awareness and also consider their physical and psychological immaturity and inexperience before delegating tasks covered by this risk assessment. Also ensure training on safe use of all tools and equipment before commencement.**

|  |
| --- |
| **Section 1 – TASK/S Ref No:** |
| **Service** |
| **Employee/s Job Title** |

**Section 2 – HAZARDS IDENTIFIED:** (if the hazard is present in the task/activity tick the relevant topic)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Aggression |  | 16 | Lone Working |  | 31 | Temperature |  |
| 2 | Animal Attack |  | 17 | Machinery |  | 32 | Vehicles/Traffic |  |
| 3 | Asbestos  |  | 18 | Manual Handling/Lifting |  | 33 | Vibration |  |
| 4 | Fabric of Building |  | 19 | Shift Work |  | 34 | Violence/Assault |  |
| 5 | Contact with Body Fluids |  | 20 | Noise |  | 35 | Ventilation |  |
| 6 | Contamination/Disease |  | 21 | Falling Objects |  | 36 | Water Systems |  |
| 7 | Display Screen Equipment |  | 22 | Plant Rooms |  | 37 | Weather |  |
| 8 | Dust/Fumes |  | 23 | Pressure Systems |  | 38 | Welding Flash |  |
| 9 | Electricity |  | 24 | Radiation |  | 39 | Work Equip/Tools |  |
| 10 | Fire/Explosion |  | 25 | Repetitive Strain Injury |  | 40 | Working at Height |  |
| 11 | Flammable Material |  | 26 | Scaffolding/Ladders |  | 41 | Workplace Lighting  |  |
| 12 | Furniture |  | 27 | Sharps |  | 42 | Working Practices |  |
| 13 | Gas |  | 28 | Slip/Trip/Fall |  | 43 | Other |  |
| 14 | Hazardous Substance |  | 29 | Stress |  |  |  |  |
| 15 | Infestation |  | 30 | Substance Misuse |  |  |  |  |

**Section 3- PERSONS AT RISK (Enter relevant numbers affected)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee |  | Non-Employee |  | Person/Child |  | Expectant/New Mother |  | Shift Worker |  |
| Home Worker |  | Disabled/Special Needs |  | Contractor |  | Lone Worker  |  |  |  |

**Section 4 – CONTROLS**

Indicate below the reference no. of the hazard identified in section 2, the present control method(s) and if it is considered these are adequate.

|  |  |  |
| --- | --- | --- |
| **Hazard No.** | **Method of Controls****(Include Company & Service procedures, relevant records held including training courses employees have/are required to attend** | **Adequate?****Yes or No** |
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**Section 5 – COMMENTS**

Identify hazards that have no means of control, or are not adequately controlled. List any recommendations that you feel may resolve the hazards.

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| **Hazard No.** | **Recommendations** |
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**Section 6 – OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN (Probable Frequency X Severity)**

|  |  |
| --- | --- |
| **Frequency, Scale: Low 1 - High 5**  | 1 Improbable, 2 Possible but unlikely, 3 Happens infrequently, 4 Happens quite frequently, 5 Happens very frequently |
| **Severity, Scale: Low 1 - High 5**  | 1 Trivial injury, 2 Minor injury, 3 Hospital Stay/Industrial illness, 4 Major injury, 5 Fatality |
| Reasons: |
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**Section 7 – IDENTIFY OTHER RISK ASSESMENTS REQUIRED/RELEVANT (circle)**

|  |
| --- |
| COSHH/ Manual Handling/ Personal Protective Equipment/ Noise/ Vibration/ Asbestos/ Lead/ Display Screen Equipment/ Fire/ Other (\*please state) |

|  |
| --- |
| **Assessor’s Name:…………………………. Signature:…………………………… Date:……………………….** |

|  |
| --- |
| **Section 8 – ACTION PLAN (where appropriate)** |
| **Hazard No.** | *Action Required* | *Person Nominated* | *Date Assigned* | *Date Completed* |
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| --- |
| **Manager’s Name:………………………….. Signature:……………………………….. Date:…………………** |
| **Date of Next Assessment Review:** (NB at least annually) |

Note: A copy of this risk Assessment must be kept at the place of work to which it refers and the risk factors and control measures brought to the attention of all employees carrying out and/or supervising or managing the work.