|  |  |  |  |
| --- | --- | --- | --- |
| **AREA / ACTIVITY / TASK BEING ASSESSED:** | |  | |
| **DEPARTMENT:** | |  | |
| **SERVICE:** | |  | |
| **REFERENCE NO.** | **VERSION** | **DATE OF ASSESSMENT** | **DATE OF NEXT REVIEW** |
|  |  |  |  |
| **Description of operations and scope of assessment:**   * Activities, * Environment(s) * Equipment, materials etc. | |  | |
| **Address / Location where assessment conducted:** | |  | |
| **Legislation /**  **Management standards** | | Health and Safety at Work Act 1974  Management of Health and Safety at Work Regulations 1999 | |

|  |  |  |
| --- | --- | --- |
| **Name of Risk Assessor(s)** | **Job Title:** | **Signature(s) of Risk Assessor(s)** |
|  |  |  |
|  |  |  |
|  |  |  |

| **Item index No.** | **Identify Hazard(s)** | **Who/What is likely to be harmed and how?** | **Existing / Current Control Measures** | **Risk Rating as per Matrix** | **Further actions required to reduce risk**  **&**  **person responsible for action** | **Residual risk(s) as per matrix after additional controls** |
| --- | --- | --- | --- | --- | --- | --- |
| **0.** | **Describe what may have the potential to cause harm/damage:**   * **Work Activities** * **Equipment** * **Substances** * **Environment** * **People**   **etc** | Pupils  Staff  Visitors  Vehicles  etc | What are we doing to prevent harm/damage? | **TRIVIALR**  **LOW** MEDIUMHIGH | Use the risk action levels on the Matrix as guidance to prioritise risk control measures | **TRIVIALR**  **LOW** MEDIUMHIGH |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |

| **MANAGEMENT ACTION PLAN** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AREA / ACTIVITY / TASK BEING ASSESSED:** | |  | | | | | |
| **Further actions necessary to control or reduce risk** | | **Action by** | **Priority for action based on level of residual risk** | **Target completion date** | **Actual completion date** | **Comments** | **Initials** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certain**  Expect accident/incident to occur |  |  |  |  |
| **Highly Likely**  A high chance that accident/incident will occur |  | MR |  |  |
| **Likely**  Moderate chance that accident/incident will occur |  |  |  | HR |
| **Unlikely**  Minor probability that accident/incident will occur | **TR** | **LR** | MR |  |
| **Negligible**  So little chance that accident/incident will occur that the risk is close to zero |  |  |  |  |
|  |  |  |  |  |
| **Risk Action Levels:** | Trivial Loss | Minor Injury | Over 7 Day Injury | **Major Injury** |
| **TRIVIAL RISK (TR)** | * No personal injury * Minor inconvenience | * First Aid treatment only * Scratches, minor cuts, bruises * Temporary ill health * Nausea, headache, * Minor damage to property * Reduced Service | * Injuries that require medical treatment such as a broken finger, thumb or toe, lacerations requiring stitches. * Serious strains, sprains or bruising. * Minor burns. * Loss of service | * Fracture * Amputation * Loss of sight/hearing * Injury, burns or loss of consciousness from electric shock   **OR**  **Fatality**  Immediate or through a condition that will eventually lead to death |
| No further action required. |
| **LOW RISK (LR)** |
| Consider reducing risk if little or no cost (time/money/effort) involved. |
| **MEDIUM RISK (MR)** |
| Consider new/additional controls, to reduce the risk to as low as is reasonably practicable. |
| **HIGH RISK (HR)** |
| New/additional controls must be introduced immediately to reduce the risk to an acceptable level. No new work should proceed. |

**LIKELIHOOD OF OCCURRENCE**

**SEVERITY**

**EVALUATION MATRIX**