|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | | |
| **Other relevant safety documentation** (if applicable)**:**   * Risk Assessments, * Safe Systems of Work, * Procedures, * Guidance etc. | | **TITLE** | | **REFERENCE NO.** |
|  | |  |
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| --- | --- | --- |
| **Name of Risk Assessor(s)** | **Job Title:** | **Signature(s) of Risk Assessor(s)** |
|  |  |  |
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|  |  |  |

| **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? | Low | 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** |  |  |  |  |  |  |  |