

**RISK ASSESSMENT FINDINGS**

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| --- | --- |
| **Department/Service** |  |
| **Date** |  |
| **Assessor** |  |
| **Approved By** |  |
| **Review Date** |  |

**Relevant Legislation:**

The Management of Health and Safety at Work Regulations 1999

**RISK ASSESSMENT RECORD**

**ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: Reasonable adjustments**

**DATE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KEY (People at risk)** | **Likelihood (L)** | **Severity (S)** | **Risk Calculation** | **Risk Rating** |
| E = Employee YP = Young PersonsP = Public C = ContractorsV = VisitorsEM = Expectant Mothers | 1. Very Low (rare/very unlikely)2. Low (unlikely)3. Medium (could occur/possible)4. High (likely to occur/probable)5. Very High (near certain to occur)  | 1. Insignificant (nuisance/discomfort)2. Minor (no lost time)3. Moderate (time loss)4. Significant (serious/incapacity to work)5. Major (Death) |  Likelihood x Severity=Rating | **1- 6** **LOW RISK** Monitor * 1. **MEDIUM RISK** Monitor, review & reduce risk where possible

**14-25** **HIGH RISK** Further Action Required |

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| --- | --- | --- | --- | --- | --- |
| **1.Hazards Identified and potential harm it could cause** | **2. People****At Risk** | **3.Controls in Place** | **4.Risk Rating** | **5. Further Action Required/ Recommendations** | **6.Target Date for Completion** |
| **L** | **S** | **Score** | **Risk** |

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| Medical condition requiring medication |  | * Training requirements for staff
* Control measures in place for dosage etc.
 |  |  |  |  | Nominated person to give medication and log when given. |  |
| Injury causing temporary disability e.g. the wearing of a plaster cast etc. |  | * You will need to look at the individuals work role/timetable and consider any access problems they may have/ encounter.
* Restrictions on work activity e.g. avoid manual handling tasks due to current pain and discomfort from back condition etc.
 |  |  |  |  | Temporary/Permanent adjustmentsHave ‘reasonable adjustments’ been agreed with the individual |  |
| Permanent disability e.g. visual impairment, hearing impairment, wheelchair user etc. |  | * You will need to look at the individuals work role/timetable and consider any access problems they may have/ encounter.
* Restrictions on work activity e.g. avoid manual handling tasks due to current pain and discomfort from back condition etc.
* Are the ‘reasonable adjustments’ on a temporary basis or permanent e.g. adjustments made for a wheelchair user / person returning to work post operation/after injury etc.:
 |  |  |  |  | Temporary/Permanent adjustmentsHave ‘reasonable adjustments’ been agreed with the individualTraining requirements for staffRefer to Wheelchair user Risk Assessment |  |
| Pregnancy |  | Refer to Pregnant and Expectant Mothers Risk Assessment |  |  |  |  | Restrictions on work activities |  |
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