

**RISK ASSESSMENT FINDINGS**

|  |  |
| --- | --- |
| **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: Staff Room**

**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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Slips, trips, falls – personal injury. |  | * Defect reporting and prompt repair.
* Good housekeeping procedures.
* Safe storage of articles.
* Walkways kept clear.
* Prompt cleaning of spillages.
 |  |  |  |  |  |  |
| Hot water – scalds/burns. |  | Kettles / boilers suitably sited.Appropriate drink preparation area. |  |  |  |  |  |  |
| Poor hygiene standards – illness/infection. |  | * Good housekeeping procedures.
* Regular cleaning of work surfaces, fridges etc.
* Regular removal of waste.
 |  |  |  |  |  |  |
| Electrical equipment – electrocution |  | * Visual user checks.
* PAT testing.
* Fixed appliance testing.
 |  |  |  |  |  |  |
| Defective furniture / equipment – personal injury. |  | * Furniture and equipment to be kept in good condition.
* Reporting procedure for defects.
* Prompt repair/replace procedures.
 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |