


RISK ASSESSMENT FORM

	Location:		Reference No:	
	Activity:		Date:	

Section One – Hazard Identification

- a) Highlight in the yes/no column any hazards that are relevant to the activity being assessed and give a brief description.
 b) Identify the people who may be affected.

Haz No.	Hazard	Y/N	Description of Hazard	People affected See below *
1	Lifting & Handling			
2	Lone working			
3	Slips/trips/fall/spillages			
4	Obstruction			
5	Working at height			
6	Scaffold/Ladders			
7	Noise			
8	Moving objects/machinery			
9	Vehicle movements			
10	Sharp edges			
11	Entanglement			
12	People (members of organisation)			
13	People (members of the public)			
14	Physical violence			
15	Verbal Abuse			
16	Structural			
17	Collapsing			
18	Impact with moving object			
19	Electricity			
20	Gas			
21	Water			
22	Fire			
23	Others		<i>Please specify on reverse of sheet</i>	

People affected	NB please put the relevant number code in the People affected column *						
Members of the Public/ Members of Organisation	1	Young Persons (under 18)	2	The Elderly (over 60)	3	Disabled	4

Section Two – Control Measures – Are there any control measures? If so, do they adequately control the level of risk?

Hazard No:	Control Measures	Are the controls adequate? Yes or No

RISK ASSESSMENT FORM

Section Three – Outcomes and Probability

Probable Outcomes – The level of injury that may occur	Probability – The likelihood of the injury to occur
Level 1 = No injury / abrasions / scratching / bruising / no damage (to building or property)	Level 1 = Unlikely to occur / infrequently / very occasionally
Level 2 = Burns / sprains / sickness / serious cuts / minor damage (to building or property)	Level 2 = Possible / could occur / occasionally
Level 3 = Death / major injury / over 3 day injury / major damage (to building or property)	Level 3 = Likely / not unexpected / probable

Determine the Level of Risk using this table

		Outcome		
		1	2	3
Probability	1	Low	Low	Medium
	2	Low	Medium	High
	3	Medium	High	High

Hazard No:	Probable outcomes	Outcomes	Probability	Level of risk

Section Four – Action Required

Hazard No:	Action Required	Timescale

Applicant		For office use only:	
Signature		Approved by designated Health & Safety Officer	
Date of Assessment		Date:	