

Risk Assessment Form – Part A

Production Address		Location Manager Tel: Mobile:	
Start date		End date	
Distribution <i>Who gets a copy of the assessment</i>			
Outline of risk assessment <i>Summary of what is proposed</i>			
Team members / experts / contractors / contributors etc. <i>List those involved</i>			
Locations <i>Outline locations involved – indicate any which are hostile environments</i>			
Assessor Name Signature		Date completed	
Authoriser (if not Assessor) Name Signature		Date authorised	

HAZARD LIST – select your hazards from the list below and use these to complete Part B

Situational hazards	Tick	Physical / chemical hazards	Tick	Health hazards	Tick
Assault by person		Contact with cold liquid / vapour		Disease causative agent	
Attack by animal		Contact with cold surface		Infection	
Breathing compressed gas		Contact with hot liquid / vapour		Allergic reaction	
Cold environment		Contact with hot surface		Lack of food / water	
Crush by load		Electric shock		Lack of oxygen	
Drowning		Explosive blast		Physical fatigue	
Entanglement in moving machinery		Explosive release of stored pressure		Repetitive action	
High atmospheric pressure		Fire		Static body posture	
Hot environment		Hazardous substance		Stress / anxiety	
Manual handling		Ionizing radiation		Venom poisoning	
Object falling, moving or flying		Laser light			
Obstruction / exposed feature		Lightning strike		Environmental hazards	
Sharp object / material		Noise		Litter	
Shot by firearm		Non-ionizing radiation		Nuisance noise / vibration	
Slippery surface		Stroboscopic light		Physical damage	
Trap in moving machinery		Vibration		Waste substance released into air	
Trip hazard				Waste substance released into soil / water	
Vehicle impact / collision		Managerial / organisational hazards			
Falls from height		Management factors (lack of communication, co-operation, co-ordination and competence)			

Risk matrix – use this to determine risk for each hazard i.e. 'how bad and how likely'	Likelihood of Harm				
	Remote <i>e.g. <1 in 1000 chance</i>	Very unlikely <i>e.g. 1 in 200 chance</i>	Unlikely <i>e.g. 1 in 50 chance</i>	Possible <i>e.g. 1 in 10 chance</i>	Likely <i>e.g. >1 in 3 chance</i>
Negligible <i>e.g. small bruise</i>	Trivial	Trivial	Trivial	Low	Low
Slight <i>e.g. small cut, deep bruise</i>	Trivial	Trivial	Low	Low	Medium
Moderate <i>e.g. deep cut, torn muscle</i>	Trivial	Low	Medium	Medium	High
Severe <i>e.g. fracture, loss of consciousness</i>	Low	Medium	High	High	Very High
Very Severe <i>e.g. death, permanent disability</i>	Low	Medium	High	Very High	Very High

Risk Assessment Form – Part B

Activity¹ – Each individual activity you are proposing:			Location – where this activity will take place:		Dates / times:
Hazards² <small>List what could cause harm from this activity <i>e.g. falls from height, trip hazard, fire, etc.</i></small>	Who exposed <small>List who might be harmed from this activity <i>e.g. staff, contractors, contributors, public, etc.</i></small>	Risk³ <small>For each hazard, decide level of risk as if you were to do the activity without your controls</small>	Control measures <small>For each hazard, list the measures you will be taking to minimise the risk identified <i>e.g. appointing competent persons, training received, planning and rehearsals, use of personal protective equipment, provision of first aid, etc.</i></small>		Risk³ <small>For each hazard, decide level of risk once all your controls are in place</small>

Continue on separate sheet if necessary

1 – Complete a separate table for each activity 2 - from hazard list in Part A 3 - from risk matrix in Part A