**Risk Assessment Form**

**Task:** **Risk Register Ref:**

**Building**: **Room(s) used:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Those at risk** (please tick) | Ri Staff/Vonunteers | Demonstrator | Participants | Visitors | Others |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Hazards** | **Mitigation** | **Likelihood** | **Severity of impact** | **Current Risk** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood** |  | **Severity of impact** |  | **Current risk** |  |
| Certain | 5 | Death or total destruction | 5 | **Multiply Likelihood and Severity of impact to get Current Risk rating** | |
| High | 4 | Major injury or damage | 4 |
| Medium | 3 | Serious injury or damage | 3 |
| Low | 2 | Minor injury or damage | 2 |
| Very low | 1 | Negligible | 1 |

|  |  |
| --- | --- |
| **Action Rating** | |
| **10 and above** | **The work is too dangerous and should not be undertaken** |
| 8 or 9 | The work is high risk. Those undertaking the work must be fully competent and experienced for the type of work, equipment to be used and fully understand all risks present. |
| 5 or 6 | Moderate risk Workers must be fully competent for the type of work and risks present, or under competent supervision. |
| 4 | Low risk. Those undertaking the work must be aware or be made aware of the risks and mitigation measures required. |
| 2 or 3 | Slight risk. Those undertaking the work should be aware or be made aware of the risks and mitigation measures required. |
| 1 | Insignificant risk. Activity suitable for all workers |

### PPE Requirements

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** |  | **Item** |  | **Item** |  | **Item** |  |
| Flameproof overalls |  | Gloves contact |  | High visibility |  | Waterproof clothing |  |
| Hardhat |  | Dust Mask |  | Gloves chemical |  | Wellington boots |  |
| Hearing protection |  | Mask chemical vapour/mist |  | Safety shoes |  |  |  |
|  |  | Laboratory Coat |  | Eye protection |  |  |  |

### Safe Working Procedures:

|  |
| --- |
| All Electrical Equipment should be PA Tested prior to being brought to site. Arrangements should be made for the HE to test/visually inspect all equipment before use as an additional safety precaution. |
| The following generic risk assessments should be read in conjunction with this risk assessment:  RAxx – xxx – xxx |
|  |
|  |
|  |
|  |
|  |

**Prepared by**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date prepared \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_**

**Checked by**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review date set as \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_**