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| --- |
| **What is the name of activity?** |
|  |

**The assessment**

|  |  |
| --- | --- |
| **Date of assessment** |  |
| **Assessor** |  |
| **Supervisor** |  |
| **Organisation** |  |
| **Location(s) of activity** |  |
| **Head of Department** |  |

**The activity**

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| --- |
| **Describe the activities** |
|  |
| **Does the activity involve substances controlled under COSHH regulations? If so, what are they?**  (append COSHH risk assessments) |
|  |

**Identify the hazards**

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**Evaluate the risks and determine control measures**

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| --- | --- | --- | --- | --- |
| **What are the hazards and potential harm?** | **Who is exposed to them?** | **What are the existing control measures?** | **Evaluate the risk** | **What further controls are required?** |
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**Waste route**

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**Emergency actions**

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| --- | --- |
| **Name of assessor:** | **Signature and date:** |
| **Review by Departmental Safety Officer or Deputy Safety Officer** | **Signature and date:** |
| **Approval by supervisor:** | **Signature and date:** |

**Annexe 1**

**HSE suggested 3x3 risk matrix**

|  |  |  |  |
| --- | --- | --- | --- |
| **Likelihood** | **Severity** | | |
| **Slight 1** | **Serious 2** | **Major 3** |
| **Low 1** | Low 1 | Low 2 | Medium 3 |
| **Medium 2** | Low 2 | Medium 4 | High 6 |
| **High 3** | Medium 3 | High 6 | High 9 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood of occurrence** | | | | | **Likelihood level** | | |
| Harm is certain or near certain to occur | | | | | High 3 | | |
| Harm will often occur | | | | | Medium 2 | | |
| Harm will seldom occur | | | | | Low 1 | | |
| **Severity of harm** | | | | | **Severity level** | | |
| Death or major injury | | | | | Major 3 | | |
| 5 day injury or illness | | | | | Serious 2 | | |
| All other injuries or illnesses | | | | | Slight 1 | | |
| **Risk = Severity x Likelihood** | **1** | **2** | **3** | **4** | | **6** | **9** |