|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Refer to the H&S Guidance - Risk Assessment for help in completing this form.****Also see Appendix 1 - Matrix Table Explained to help you to calculate levels of risk.** | **Assessment Reference:** |  | **Date:**  |  |
| **College / Pro-Vice Chancellery:**  |  | **School / Department:**  |  | **Location:**  |  |
| **Risk Assessment Title:**  |  |
| **Description of the task / activity / area:** |  |
| **Name(s) of Assessor(s):**  |  |
| **Risk Owner:**  |  | **Review Date:** |  |

| **Ref No.** | **What are the hazards?****How could they cause harm?****What are the possible injuries/illnesses?** | **Who could be harmed?** (e.g. colleagues, contractors, visitors, passengers, public) | **What control measures are already in place?** | **Current risk** | **Detail any additional control measures needed**(add to action plan for implementation) | **Revised risk** |
| --- | --- | --- | --- | --- | --- | --- |
|  **Likelihood** | **Severity** | **Risk level** | **Likelihood**  |  **Severity** | **Risk level** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Risk Owner [mandatory] - I have overall responsibility for the risk assessment. I understand and accept the risks and how they are being managed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  | **Position:** | **Signature:** | **Date:**  |

*If multiple departments are involved in the risk assessment, additional managers may wish to demonstrate their acknowledgement by signing below.*

**Additional Manager Acknowledgement** [optional] - I understand and accept the risks and how they are being managed, relevant to my area of control.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  | **Position:** | **Signature:** | **Date:**  |
| **Name:**  | **Position:** | **Signature:** | **Date:**  |
| **Name:**  | **Position:** | **Signature:** | **Date:**  |
| **Comments:**  |

**ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ref No.** | **Action required** | **Responsible person/s** | **Due date** | **Status / date closed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Appendix 1 - Matrix Table Explained**

|  |  |
| --- | --- |
| 1. **Risk rating matrix**
 | **Severity** |
| **Slight harm****(1)** | **Moderate harm****(2)** | **Extreme harm****(3)** |
|  |  | *Health* | *Nuisance and irritation, e.g. headaches**Temporary ill health leading to discomfort* | *Partial hearing loss, asthma, ill health leading to permanent minor disability* | *Severe life shortening diseases, permanent disability**Acute fatal diseases, permanent total disability* |
|  |  | *Safety* | *Superficial e.g. bruises**Superficial e.g. minor cuts, eye irritation* | *Lacerations, burns, concussion, minor fractures e.g. fingers/toes* | *Multiple injuries, major fractures**Fatal injuries* |
| **Likelihood** | **Unlikely (1)** | *Isolated or “one off” occurrence**Unusual but may have happened before* | **VERY LOW** | **LOW** | **MEDIUM** |
| **Likely (2)** | *Will probably occur several times a year* | **LOW** | **MEDIUM** | **HIGH** |
| **Very likely (3)** | *Recurring and frequent, predictable* | **MEDIUM** | **HIGH** | **VERY HIGH** |

|  |
| --- |
| **Calculation of risk** |
| Use the table above to calculate the overall risk level of each hazard identified. Simply use the calculation: Likelihood (1, 2 or 3) x Severity (1, 2 or 3) to reach your overall risk level. See below for what this means in practice and what you need to do next.  |

|  |  |
| --- | --- |
| **Very low****(1)** | These risks are considered acceptable. No further action is necessary other than to ensure that the controls are maintained. |
| **Low****(2)** | No additional controls are required unless they can be implemented at very low cost (in terms of time, money and effort). Actions to further reduce these risks are assigned low priority. Arrangements should be made to ensure that the controls are maintained. |
| **Medium****(3-4)** | Consideration should be given as to whether the risks can be lowered, but the costs of additional risk reduction measures should be taken into account. The risk reduction measures should be implemented within a defined time period (usually no greater than within 3 months). Arrangements should be made to ensure that the controls are maintained, particularly if the risk levels are associated with harmful consequences. |
| **High****(6)** | Substantial efforts should be made to reduce the risk. Risk reduction measures should be implemented urgently within a defined time period (usually no greater than within 1 month) and it might be necessary to consider suspending or restricting the activity, or to apply interim risk controls, until this has been completed. Considerable resources might have to be allocated to additional controls. Arrangements should be made to ensure that the controls are maintained, particularly if the risk levels are associated with extremely harmful consequences and very harmful consequences.  |
| **Very high****(9)** | **These risks are unacceptable**. Substantial improvements in risk controls are necessary, so that the risk is reduced to an acceptable level. **The work activity should be halted** until risk controls are implemented that reduce the risk so that it is no longer very high. **If it is not possible to reduce risk the work should remain prohibited. The H&S Team must be consulted.** |