

Risk Assessment Form

**Details of Event**

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| --- | --- | --- | --- |
| Event Title |  | Date Prepared |  |
| Role of Risk Assessor |  | Date of Event/Programme |  |
| Programme Lead Name & Role |  | Address and Phone Number |  |

**Details of Activity**

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| Work activity being assessed: |  | Describe in more detail where this activity takes place: |  |

**Step 1**

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| **How can people get hurt?** Use this as a checklist and add other items, unique to your work area, if necessary. Step back and consider any other Hazards! Involve the managers, staff and where necessary the safety professionals, in deciding what are to be included. |

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| **Hazards Checklist** | | | | | | | |
| 1. Access/Egress (Obstructions?) |  | 10. Fire (building fire safety) |  | 19. Noise Exposure - (Equipment/Music/Headphones) |  | **How else can people get hurt? (Specify below)** |  |
| 2. Animals |  | 11. Flammable Materials |  | 20. Office Equipment |  | 28. Working Environment  (inc Temporary Workplaces) |  |
| 3. Asbestos |  | 12. Food Hygiene |  | 21. Pressure Systems |  | 29. Working Patterns / Work organisation |  |
| 4. Audience Control |  | 13. Hand Tools |  | 22. Radiation (RF, Microwave etc)  Radiation (radio-active sources) |  | 30. Workshop Equipment |  |
| 5. Compressed Gas/Cryogenics  (Storage & Use) |  | 14. Hazardous Substances (CoSHH) |  | 23. Slipping, Tripping, Falling |  | 31. Lost Students |  |
| 6. Confined Spaces |  | 15. Heights  (inc ladders, scaffolding) |  | 24. Storage (racks, shelves etc) |  | 32. Illness, particularly Covid-19 |  |
| 7. Construction Work |  | 16. Lifting Equipment |  | 25. Transport forklift trucks, vehicles. |  | 33. Additional considerations for event as young people (under 16) will be in attendance |  |
| 8. Display Screen Equipment (DSE) |  | 17. Lone Working |  | 26. Violence (attack and public disorder) |  |  |  |
| 9. Electricity (inc portable appliances) |  | 18. Manual Handling |  | 27. Weather (hot/cold/lightening) |  |  |  |

**Step 2**

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| Please complete the below form to outline the potential hazards involved. |

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| **Activity**  What are you doing, where, for how long and who will be involved? | **Hazards and Controls**  How could someone become hurt or made ill. | **Control Measure**  How are you going to prevent the hazard from happening? | **Severity and Likelihood**  See guide below. For example, if Minor and Possible the score is 4. | **Risk Rating**  See guide below. For example, if Medium the score is 3 - 6 | **Further Actions**  What other measures will you take to prevent risks? | **Accountable/Date**  Who is accountable for the further actions and what date will these be carried out? |
| Transport |  |  |  |  |  |  |
| Weather |  |  |  |  |  |  |
| Lost Students |  |  |  |  |  |  |
| Food Hygiene |  |  |  |  |  |  |

**Risk Rating Guide**

**Severity and Likelihood Guide**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Severity | Likelihood | | | |
| Unlikely | Possible | Likely | Very Likely |
| Very Minor | 1 | 2 | 3 | 4 |
| Minor | 2 | 4 | 6 | 8 |
| Significant | 3 | 6 | 9 | 12 |
| Major | 4 | 8 | 12 | 16 |

|  |  |
| --- | --- |
| Risk Rating | |
| Score | Risk Level |
| 1-2 | Low |
| 3-6 | Medium |
| 8-9 | High |
| 12-16 | Very High |

**Please tick to confirm that relevant insurance is in place for the proposed activity**

**Step 3**

**To be completed by Event Manager**

I am/am not satisfied that the **risk(s) identified are acceptable** without additional control measures being in place. I have therefore taken no/action to prevent the activity continuing.

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| Please complete the below declaration and acceptance. |

|  |  |
| --- | --- |
| Name (Printed) |  |
| Department |  |
| Date |  |
| Telephone |  |

**For office use only:**

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| --- | --- |
| I am satisfied that the below protocols have been adhered to in the completion of this risk assessment: | Risk Assessment form completed  Signed Hazard Checklist |

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| Received by Kara Bailie  Graduate School Manager (or Claire Regan for PG-led initiatives) |  | Date |  |
| Assessment No. |