

RISK ASSESSMENT FORM

This form should be used in conjunction with the associated guidance notes. If you do not have a copy of the guidance, contact the Risk Management Department on 01935 384026

Section 1 - Process Description

DIRECTORATE :	LOCATION :
PROCESS / ACTIVITY / ITEM / PERSON:	

Section 2 - Identifying Hazards - SOMETHING WITH THE POTENTIAL TO CAUSE HARM

HAZARD	PERSONS AT RISK [✓]
A.	S[] V[] P[] O[]
B.	S[] V[] P[] O[]
C.	S[] V[] P[] O[]
D.	S[] V[] P[] O[]

S = Staff V = Visitor P = Patient O = Other

Section 3 - Existing Control Measures – WHAT IS ALREADY IN PLACE IN ADDITION TO TRUST POLICIES

HAZARD	EXISTING CONTROL MEASURES
A	
B	
C	
D	

Section 4 - Evaluating Risk – CONSEQUENCE X LIKELIHOOD = RISK RATING

HAZARD	CONSEQUENCE (1 - 5)	X	LIKELIHOOD (1 - 5)	=	RISK RATING (1 - 25)
A		X		=	
B		X		=	
C		X		=	
D		X		=	

Section 5 – Action Plan – Prioritised by, I = Immediate M = Medium L = Long Term, including specific responsibilities.

HAZARD	I/M/L	ACTION REQUIRED TO CONTROL RISK
A		
B		
C		
D		

Section 6 - Further Information

Yes / No / Name

Detail who is responsible for local monitoring	
Is further competent (COSHH, manual handling, noise) advice required ?	
Do third parties require a copy of this Risk Assessment for their safety ?	

Section 7 - Assessment Sign Off

ASSESSOR'S NAME :	REVIEW (PLEASE CIRCLE) DAILY WEEKLY YEARLY
DATE OF ASSESSMENT :	REASSESSMENT DATE :
ASSESSOR'S SIGNATURE :	MANAGER'S SIGNATURE :