|  |  |
| --- | --- |
| Assessment Reference |  |
|  |  |  |
| Activity assessed  |  |
| Person(s) who may be affected by the activity |  |
|  |  |  |  |
| SECTION A : Initial Assessment Overview |
| *Consider the activity or work area and identify if any of the hazards listed below are significant.* |
| 1 | Fall of person |  | 7 | Machinery  |  | 13 | Electricity |  | 19 | Substances |  | 25 | Drowning |  |
| 2 | Fall of objects |  | 8 | Tools/Equipment |  | 14 | Noise or Vibration |  | 20 | High Pressure |  | 26 | Psychological effects |  |
| 3 | Tripping/Slipping |  | 9 | Mobile work equipment |  | 15 | Hot / Cold Surfaces |  | 21 | Fire/ explosion |  | 27 | Infection |  |
| 4 | Manual handling operations |  | 10 | Mechanical lifting equipment |  | 16 | Workstation –layout / space |  | 22 | Lighting |  | 28 | Violence |  |
| 5 | Repetitive work |  | 11 | Display screen equipment |  | 17 | Radiation |  | 23 | Confined space |  | 29 | Peripatetic / lone working |  |
| 6 | Housekeeping / waste material |  | 12 | Sharp objects |  | 18 | Temperature / weather |  | 24 | Buildings & glazing |  | 30 | Other(s) |  |
|  |  |  |  |
| SECTION B : Second Stage Assessment |  |  | S = Severity |
| For each hazard identified in Section A complete Section B L = Likelihood |
| Hazard No. | Hazard Description | EXISTING CONTROL MEASURES | S | L | RESIDUAL RISK |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| No. of Section B Continuation sheets used:  |  |
| Assessor(s) |  | Signed |  |
| Date of Assessment |  | Revision No. |  |
|  |  |  |  |  |  |