

Department: HR, Asset & Law,
Leasowe Community Centre

RISK ASSESSMENT RECORDING FORM

Guidance on completing this form is available in the Health & Safety Management Arrangements for Risk Assessment

Location or						ssessment undertaken		
address			undertaken		by			
Activity or			Review		Signature			
situation			date			r		
1) Hazard (See appendix 2 -	2) Who can be harmed and	3) What co	ontrols exist to reduce the risk?			D: 1 0	4) Any further action;	
H&S Management Arrangements for Risk Assessment)	how? (See appendix 2 -H&S Management Arrangements for Risk Assessment)	Have you f (See appe Assessme	followed the hierarchy of controls ndix 3 in H&S Management Arrai nt)	(eliminate, subs ngements for Ris	titute etc) k	Risk Score Consequence X Likelihood	This should be included in the action plan on overleaf	
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	4	4	8	12	16	20	
Increasing consequence	3	3	6	9	12	15	
ING CO	2	2	4	6	8	10	
ICREAS	1	1	2	3	4	15	
=		1	2	3	4	5	
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Risk Rating	Action Required
17 - 25	Unacceptable – stop activity and make immediate improvements
10 – 16	Tolerable – but look to improve within specified timescale
5 – 9	Adequate – but look to improve at review
1 – 4	Acceptable – no further action but ensure controls are maintained

Likelihood:

Consequence:

5 – Very likely

5 - Catastrophic

4 – Likely

4 – Major

3 – Fairly likely

3 – Moderate

2 – Unlikely

2 – Minor

1 – Very unlikely

1 – Insignificant

- (1) List hazards something with the potential to cause harm here
- (2) List groups of people who are especially at risk from the significant hazards which you have identified
- (3) List existing controls here or note where the information may be found. Then try to quantify the level of risk *the likelihood of harm arising* that remains when the existing controls are in place based on the number of persons affected, how often they are exposed to the hazard and the severity of any consequence. Use this column to list the controls that you might take and develop all or some of that list into a workable action plan. Have regard for the level of risk, the cost of any action and the benefit you expect to gain. Agree the action plan with your team leader and make a note of it overleaf. If it is agreed that no further action is to be taken this too should be noted.

(5) ACTION PLAN

Action required:	Responsible person	Completion date
Action plan agreed with (signature) Date		