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| **PRODUCTION / ACTIVITY:**  |
| **DATES OF ACTIVITY:**  | **ASSESSMENT DATE:** |
| **ASSESSED BY:** **CONTACT:** | **APPROVED BY:** **DATE:**  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Hazard***List hazards here* | **Who might** **be Harmed***list persons* | **Initial Risk** **Rating****S x L** | **Control Measures***What are you doing to mitigate against the risk* | **Risk Rating****S x L** | **Further** **Action Required** |
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 |  |  |   |  | None |
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| Method of Communicating assessment: Building induction / Senior Members of team on shift during intial shiftsSigned:  |

**RISK ASSESSMENT - GUIDANCE NOTES**

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| **action** | **Hazard****(Something with the potential to cause harm)** | **Persons At Risk****(Someone at risk from the hazard)** | **Is The Risk Adequately Controlled** **(What are the existing controls)** | **What Further Action Needed to Control Risk****(What more could reasonably be done)** |
| **Examples** | **\*Examples** | **\*Examples \*Particularly** | **\*Examples** |  |
| Crowd safetyAccess equipment* Ladder
* MEWP

Using electrical item* Tools
* Lighting
* Sound

Fit ups* Unloading vehicles
* rigging
* Building set
* Manual

Working on a rakeWorking outside |  Slippage / Tripping Fire (flammable substances) Ergonomic Moving Parts Working at Height Vehicles Electrical wiring Noise Manual handling Fumes Dust Chemicals  |  Office Staff. Freelancers  Audience Cleaners Maintenance  \*Contractors \*Visitors The Public Operators \*Young \*inexperienced \*Trainees \*People working alone \*The Disabled |  Is there adequate information / training? Are there adequate systems / procedures? Meet legal requirements? Meet Byre Standards? Comply with industry standards? Represent good practice? Reduce risk as far as possible?\* Are you doing all that is reasonably practicable?\* Can I eliminate the hazard?\* If not, how can I control the risk?\* Personal protective clothing should only be used when no other reasonable action exists | \* Prioritise for risks affecting large numbers or where serious harm may result\* **Consider:****-** Remove risk completely- Try less risky option- Prevent access to hazard, e.g. guarding- Reorganise work to reduce exposure- Issue personal protective clothing- Welfare facilities - Washing / First Aid- Administrative controls\* Review with Management. Assign Responsibility and timescales. |

**Risk Index -** Calculated by multiplying Severity (S) of Hazard by Likelihood (L) of it occurring



***I confirm that the significant findings of the assessments in this file have been communicated to me and the control measures explained. I understand the legal requirements for me to comply with the control measures and to co-operate with my employer in the interest of health and safety. I agree to abide with the controls in place and to report any defects or problems with the systems.***

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| **Employee Name** | **Employee Signature** | **Date** |
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