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

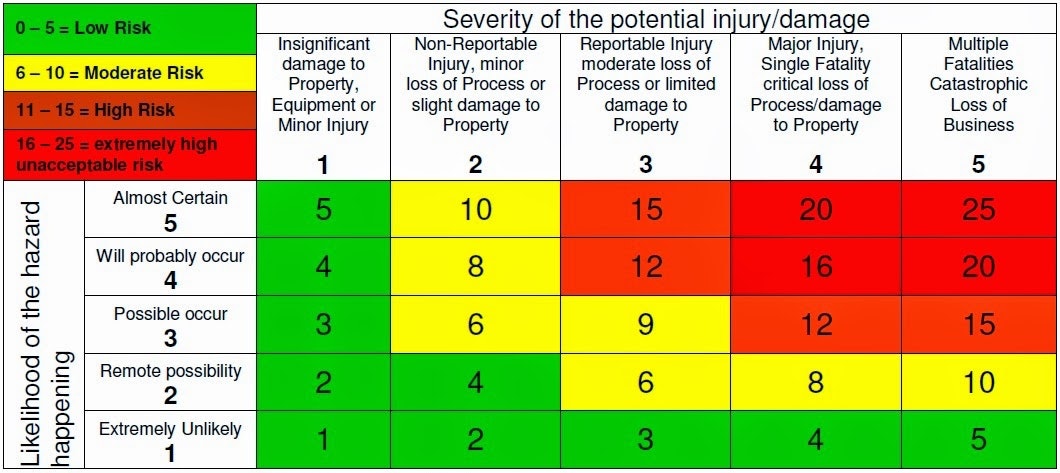
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| **Activity** | **Hazard**  *List hazards here* | **Who might**  **be Harmed**  *list persons* | **Initial Risk**  **Rating**  **S x L** | **Control Measures**  *What are you doing to mitigate against the risk* | **Risk Rating**  **S x L** | **Further**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

**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 safety  Access equipment   * Ladder * MEWP   Using electrical item   * Tools * Lighting * Sound   Fit ups   * Unloading vehicles * rigging * Building set * Manual   Working on a rake  Working 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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