General Risk Assessment Form

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| **Location** |  | **Date of assessment** |  |
| **No. of people working in location** |  | **Persons present** |  |
| **Description of location** |  |

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| **Location Information** |
| Is the location (building) wholly under Association control? |  |
| If no to the above, who is responsible for the building (owner/management company)? |  |

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| **Description of hazard** | **People affected & how** | **Existing controls** | **Assessment of risk** | **Further control required** | **Revised assessment of risk** |
| L/hood | Conseq | Risk Level | L/hood | Conseq | Risk Level |
| **Fire** |  |  |  |  |  |  |  |  |  |
| **Electrical systems** |  |  |  |  |  |  |  |  |  |
| **Accidents**First aid provision, trained first aiders |  |  |  |  |  |  |  |  |  |
| **Violence and aggression** |  |  |  |  |  |  |  |  |  |
| **Violence and aggression - out of hours alarm****call-outs** |  |  |  |  |  |  |  |  |  |
| **Passenger lift maintenance** |  |  |  |  |  |  |  |  |  |
| **Passenger lift breakdown** |  |  |  |  |  |  |  |  |  |

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| **Description of hazard** | **People affected & how** | **Existing controls** | **Assessment of risk** | **Further control required** | **Revised assessment of risk** |
| L/hood | Conseq | Risk Level | L/hood | Conseq | Risk Level |
| **Lone working**Access to building out of hours |  |  |  |  |  |  |  |  |  |
| **Electrical equipment** Computers, printers, copiers, faxes, kitchenappliances, fans etc |  |  |  |  |  |  |  |  |  |
| **Stress** Work related stress |  |  |  |  |  |  |  |  |  |
| **Slips, trips & falls** Entrance,walkways, stairs |  |  |  |  |  |  |  |  |  |
| **Outside areas**Car park, smokingarea, access to offices |  |  |  |  |  |  |  |  |  |
| **Litter picking** |  |  |  |  |  |  |  |  |  |
| **New/Expectant mothers & young persons** |  |  |  |  |  |  |  |  |  |
| **Manual Handling**Deliveries, office supplies etc. |  |  |  |  |  |  |  |  |  |
| **Display Screen Equipment**VDU workstations |  |  |  |  |  |  |  |  |  |

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| L/hood | Conseq | Risk Level | L/hood | Conseq | Risk Level |
| **Working at height** Ladders, steps,special means of access |  |  |  |  |  |  |  |  |  |
| **Office storage** Filing cabinets/tambas, racking andstorage rooms |  |  |  |  |  |  |  |  |  |
| **Asbestos**Presence of |  |  |  |  |  |  |  |  |  |
| **Gas appliances**Boiler |  |  |  |  |  |  |  |  |  |
| **Substances hazardous to health** Chemicals, copiertoner, printer toner |  |  |  |  |  |  |  |  |  |
| **Hygiene & welfare**Hygiene facilities, kitchen, rest area,outside clothing |  |  |  |  |  |  |  |  |  |
| **Environmental factors** Temperature, ventilation,lighting, noise |  |  |  |  |  |  |  |  |  |
| **Housekeeping** Cleaning, waste disposal, workplaceinspections |  |  |  |  |  |  |  |  |  |

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| L/hood | Conseq | Risk Level | L/hood | Conseq | Risk Level |
| **Personal Safety**Access to building, violence |  |  |  |  |  |  |  |  |  |
| **External maintenance** Access to roof, high level external areas |  |  |  |  |  |  |  |  |  |
| **Maintenance work (internal)** Ongoing maintenance, remodelling work |  |  |  |  |  |  |  |  |  |

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| **Review period** |  |  | **Assessor Name** |  |
| **Date of next review** |  | **Job Title** |  |
|  | **Signature and date** |  |
| **Assessor Name** |  |
| **Job Title** |  |
| **Signature and date** |  |

**Risk Assessment Matrix**

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| **Risk** |
| **Severity** | **5** | 5 | 10 | 15 | 20 | 25 |
| **4** | 4 | 8 | 12 | 16 | 20 |
| **3** | 3 | 6 | 9 | 12 | 15 |
| **2** | 2 | 4 | 6 | 8 | 10 |
| **1** | 1 | 2 | 3 | 4 | 5 |
|  |  | **1** | **2** | **3** | **4** | **5** |
| **Likelihood** |

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| **Likelihood** |
| **5** | Almost certain |
| **4** | Probable |
| **3** | Possible |
| **2** | Remote |
| **1** | Improbable |

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| **Severity** |
| **5** | Fatality |
| **4** | Major injury |
| **3** | First aid administered |
| **2** | Minor injury |
| **1** | Negligible impact |

Likelihood x Severity = Risk Green = low risk

Yellow = medium risk Red = high risk