

Risk Assessment Form

OBU-HAS-FORM-7a.00

Faculty/School/Directorate							
Detailed description of Activity/Task/Equipment being assessed							
Provide as much detail as possible e.g. dates, times, locations, whether children may be involved							
Name/role of people consulted during assessment		Date of Ass	essment	asdf a	sdf	Date of Review	afa sf
Sign off				•			•
	Acknowledgement		Name		Signature / e-signature		Date
Risk Assessor	By signing this risk assessment, I acknowledge my responsibility as the Risk Assessor for conducting this risk assessment in accordance with Risk Assessment Procedure.						
Checked By (where appropriate)	By signing this risk assessment, I acknowledge my responsibility as the checker for this risk assessment in accordance with Risk Assessment Procedure.						
Authorised by (Line Manager)	By signing the risk assessment, I acknowledge my responsibility as the Line manager/Supervisor for reviewing and approving this risk assessment						

Hazards What could reasonably be expected to occur	 Who is at Risk Who might be hurt? How bad could it reasonably 	Current Controls Reference all Safe Systems of Work (SSOW), Standard Operating Procedures (SOP) and Emergency Procedures	Risk Rating (Consequence x Likelihood = R)		nce x	Additional Controls Required Low risk hazards are unlikely to require additional controls	Residual Risk Rating (Consequence x Likelihood = R)		
	be?		С	L	R		С	L	R

Risk Rating Matrix

Risk Matrix							
Consequence Likelihood	Minor (1)	Low (2)	Medium (3)	High (4)	Major (5)		
Almost Certain (5)	5	10	15	20	25		
Likely (4)	4	8	12	16	20		
Possible (3)	3	6	9	12	15		
Unlikely (2)	2	4	6	8	10		
Very Unlikely (1)	1	2	3	4	5		

Rating	Interpretation	Authorisation		
≤ 6 = Low Risk	Acceptable but ensure that controls are maintained	Line Manager or equivalent		
8 -12 = Medium Risk	Adequate but look to improve if reasonably practicable	Line Manager or equivalent		
15 – 25 = Unacceptable Risk	STOP activity and make immediate improvements	PVCD Faculty/Director of Directorates		

CONSEQUENCE (considered WITH controls in place)			LIKELIHOOD (considered WITH controls in place)				
5	Major	Fatality (ies) Severe or chronic illnesses or permanent life changing impact	5	Almost Certain	Almost certain to happen. Is happening now.		
4	High	Injury such as fracture of bones, dislocation, or acute ill health e.g. occupational asthma, occupational dermatitis	4	Likely	It has happened in the past year		
3	Medium	 An injury that requires first aid treatment and subsequent treatment by health care professional No lost time illnesses and no chronic/acute health effects 	3	Possible	It has happened or is likely to happen within 2 years		
2	Low	An injury that requires basic first aid treatment such as administering a plaster, individual able to continue at work e.g. minor cuts, bruising, abrasions, strains or sprains	2	Unlikely	Is unlikely to happen in next 2 years		
1	Minor	Superficial or no physical injury or health effects	1	Very Unlikely	Very unlikely to happen		