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| cid:image002.png@01D7367D.99377780  RISK ASSESSMENT RECORD – Part A |
| **Event** |  | **Department** | Bucks Students Union |
| **Location**  |  | **Activity & Destination** |  |
|  | **Date:**  |  |
| **Copy of completed form held by** |   |
| **Risk assessed by:**  |  |  |
| **Name** |  | **Position** |  |
| **Signature:** |  | **Date completed** |  |
| **Contact Tel:** |  | **Administrator** |  |
| Authorised by  | Tutor/Head of School / Department Head | Health & Safety Manager  |
| **Name** |  | **Name** |  |
| **Signature** |  | **Signature** |  |
| **Date** |  | **Date** |  |
| **N.B. If risks are assessed as being Medium High or Extremely High the activity will be discussed with the University Health & Safety Manager** |
| **Hazard Checklist –** *select your hazards from the list below and analyse these and assess level of risk in Part B. Add extra hazards if required* |
|  **Hazards** | **Tick**  | **Hazards** | **Tick** √ | **Hazards** | **Tick**√ |
| **1** |  |  | **11** |  |  | **21** |  |  |
| **2** |  |  | **12** |  |  | **22** |  |  |
| **3** |  |  | **13** |  |  | **23** |  |  |
| **4** |  |  | **14** |  |  | **24** |  |  |
| **5** |  |  | **15** |  |  | **25** |  |  |
| **6** |  |  | **16** |  |  | **26** |  |  |
| **7** |  |  | **17** |  |  | **27** |  |  |
| **8** |  |  | **18** |  |  | **28** |  |  |
| **9** |  |  | **19** |  |  | **29** |  |  |
| **10** |  |  | **20** |  |  | **30** |  |  |

|  |  |
| --- | --- |
| **Risk matrix –** *use this to determine risk for each hazard i.e. ‘how bad and how likely’* | **Likelihood of Harm** |
| **Severity of Harm** | **Remote***e.g. <1 in 1000 chance* | **Very unlikely***e.g. 1 in 200 chance* | **Unlikely***e.g. 1 in 50 chance* | **Possible***e.g. 1 in 10 chance* | **Likely***e.g. >1 in 3 chance* |
| **Negligible** e.g.*small bruise* | **Trivial** | **Trivial** | **Trivial** | **Low** | **Low** |
| **Slight** *e.g. small cut, deep bruise* | **Trivial** | **Trivial** | **Low** | **Low** | **Medium** |
| **Moderate** *e.g. deep cut, torn muscle* | **Trivial** | **Low** | **Medium** | **Medium** | **High** |
| **Severe** *e.g. fracture, loss of consciousness* | **Low** | **Medium** | **High** | **High** | **Extremely high** |
| **Very Severe** *e.g. death, permanent disability* | **Low** | **Medium** | **High** | **Extremely high** | **Extremely high** |

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| **Hazards2**List what could cause harm from this activity*e.g. falls from height, trip hazard, fire, etc.* | **Control measures**For each hazard, list the measures you will be taking to minimise the risk identified*e.g. appointing competent persons, training received, planning, use of personal protective equipment, provision of first aid, briefing students etc.* | **Risk3**For each hazard, decide level of risk once all your controls are in place | What further action is necessary? | Action by who? | Action by when? | Date completed |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  | . |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |

***Review your assessment to make sure you are still improving, or at least not sliding back***

***If there is a significant change in your workplace, remember to check your risk assessment and, where necessary amend it.***