**PART 1**

|  |  |
| --- | --- |
| Serial No |  |

|  |  |
| --- | --- |
| Premises: | Work activity: |
| Assessor: | Date: |
| Employees considered: | Non-employees affected: |
| Out of hours: | Vulnerable persons: |
|  |  |
| Hazard: | |
|  | |
|  | |
|  | |
|  |  |
| Existing controls: | |
|  | |
|  | |
|  |  |
| Do these suffice: YES/NO/PARTIALLY | |
|  |  |
| Do specific Regulations apply? If so, what are they? | |
|  | |
|  | |
|  | |
|  |  |
| Are they being applied? YES/NO/PARTIALLY | |
|  |  |
|  | |
|  |  |
| By whom? | By when? |
| Review date: | |
|  |  |
| Signed: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| Serial Number | **PART 2** | | Date of this Assessment |
| Site / Location: | | Activity / Situation: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazards Identified | Persons at risk (tick all that apply) | | | | | | | Existing Controls | Severity of harm | | | Likelihood/ Probability | | | Risk Level, Action & Timetable |
| Employees | Young People | Expectant / New Mothers | Contractors | Service Users | General Public | Visitors | Slightly Harmful | Harmful | Extremely Harmful | Likely | Unlikely | Highly Unlikely |
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| Sign &  Print Name: | Date: | Date for  Review: |

**PART 3**

ACTION SHEET

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| --- | --- | --- |
| COMMENTS / ACTION REQUIRED | TIMESCALE | PERSON RESPONSIBLE |
|  |  |  |
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| --- | --- |
| SIGNED: | DATE: |