**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: |

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| --- | --- | --- | --- | --- | --- |
| 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 forReview:  |

**PART 3**

ACTION SHEET

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| --- | --- | --- |
| COMMENTS / ACTION REQUIRED | TIMESCALE | PERSON RESPONSIBLE |
|  |  |  |
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|  |  |  |
|  |  |  |

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| --- | --- |
| SIGNED: | DATE: |