

GENERAL RISK ASSESSMENT (For Complex Tasks)

HR16

1. TASK DETAILS

Title: <i>(Example generic assessment)</i>	Service / Department:	Location:	Ref No.
Operations Covered:		Employee/s Job Title:	

2. TASK ANALYSIS: (Brief Description)

Task Analysis	Persons at Risk	Equipment Used	Hazards Identified	Risk

3. AVAILABILITY OF RECORDS AND APPLICATION OF MANAGEMENT SYSTEMS:

(Circle as appropriate)

Training (employees / clients / students)	Yes/ No / Na	Maintenance (e.g of equipment / servicing)	Yes / NO / Na
Personal Protective Equipment (e.g. PPE issue / maintenance)	Yes / No / Na	Management Systems (e.g. procedures, controls etc)	Yes / No / Na
Statutory Checks (e.g. gas/electricity/pressure systems/ventilation etc.)	Yes / No / Na	Hazard Data Sheet (e.g. COSHH – copy sheets to be attached)	Yes / No / Na

4. SUMMARY OF PREVIOUS ACCIDENTS/INCIDENTS : (List any previous accidents/incidents relating to the task/s identified in this risk assessment that have been recorded over a significant time period i.e. over the past 3 years)

5. LIST OTHER EXISTING RISK ASSESSMENTS THAT ARE RELEVANT TO THE TASK/S: (i.e. identify those other existing R/A's which may cross reference

with this General R/A e.g. Lone working, Sharps, Transport, Operating machinery, COSHH, Violence/Assault, Manual Handling etc.)

6. IDENTIFY OTHER RISK ASSESSMENTS THAT ARE REQUIRED TO BE COMPLETED TO ACCOMPANY THIS RISK ASSESSMENT: (e.g. part of the task/s may require to be risk assessed under other regulations such as COSHH, Manual Handling etc.) Yes / NO

(Circle as appropriate)

COSHH

MANUAL HANDLING

PERSONAL PROTECTIVE EQUIPMENT

NOISE

LEAD

ASBESTOS

Risk Assessment Ref. No.

7. OVERALL COMMENTS ON THE ACTIVITY

8. EXISTING CONTROL MEASURES

(Include Council and Service procedures, relevant records held including training courses employees have / are required to attend)

9. OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN (Probable Frequency X Severity)

Frequency, scale : Low 1 - High 5 = 1 Improbable, 2 Possible but unlikely, 3 Happens infrequently, 4 Happens quite frequently, 5 Happens, very frequently

Severity, scale : Low 1 - High 5 = 1 Trivial injury, 2 Minor injury, 3 Hospital stay/Industrial illness, 4 Major injury, 5 Fatality

Scores; Frequency = Severity = Risk Rating =

10. CONCLUSION ABOUT THE RISK AND ADEQUACY OF CONTROL MEASURES: (i.e. Summary of assessment findings)

11. RECOMMENDATIONS FOR IMPROVEMENT:

ASSESSOR'S NAME:

SIGNATURE:

DATE OF ASSESSMENT:

12. ACTION PLAN

ACTION REQUIRED	PERSON NOMINATED	DATE ASSIGNED	DATE COMPLETED

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MANAGERS NAME:	SIGNATURE:	DATE:
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DATE OF NEXT ASSESSMENT REVIEW: No later than 12 months from the date of this assessment.

COMMENTS: