



**FALKIRK COUNCIL**

**POLICY AND  
PROCEDURE FOR RISK  
MANAGEMENT BY  
RISK ASSESSMENT**



December 2014

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## **1. INTRODUCTION**

The Health & Safety at Work etc Act 1974 requires employers to, so far as is reasonably practicable, ensure the health and safety of their employees whilst at work. The Management of Health and Safety at Work Regulations 1999 requires employers to carry out risk assessments to identify potential risks and take necessary measures to remove or reduce and control risk. Risk assessments are a universally acknowledged method of challenging existing methods of work, for assessing risks associated with tasks and for ensuring that best practice is achieved. It is therefore essential that all Services ensure that appropriate risk assessments are in place, in line with this policy, and that actions are implemented to eliminate or reduce risks in the workplace.

This policy and guidance supports legislation relating to the management of risk and provides a corporate framework to assist Services with the development and implementation of risk management by risk assessment.

## **2. POLICY STATEMENT**

Falkirk Council is committed to ensuring best practice in all its activities. The Council aims to set an exemplary standard of health, safety & care to ensure that minimum risk is presented to employees and all those affected by the Council's activities which includes those in the Council's care, contractors and members of the public. Falkirk Council will ensure that hazards and risks associated with each work activity and work location are assessed, that suitable and sufficient risk assessment are undertaken to identify the level of risk and that appropriate measures are implemented to reduce or eliminate the risk. The Council will also ensure that those undertaking risk assessments are competent to do so and that the significant findings of any risk assessments are communicated to those affected.

## **3. SCOPE**

This policy and guidance applies to all Falkirk Council work activities and workplaces. Each Service's procedures should take account of their management arrangements, the inherent risks associated with their Service's activities and their culture. This policy and guidance directly links with other Health, Safety & Care documents including the Health, Safety & Care Policy and the Premises Manager's Handbook.

## **4. DEFINITION**

Risk Management by Risk Assessment, is the process of identifying risks, evaluating their potential consequences and determining the most effective methods of controlling them or responding to them.

The aim is to reduce the frequency and level of exposure to risk and implement safe working practices to prevent accidents/incidents.

## **5. RISK MANAGEMENT BY RISK ASSESSMENT**

Services must have in place their own Risk Management by Risk Assessment Action Plans which link with the broader aims and objectives of the Corporate Risk Management Plan for Falkirk Council, and which also address the specific risks associated with the Service's working environment.

A range of suitable and sufficient risk assessments must be in place to control risks associated with the following:

- Areas of work that the Service operates within;
- Work activities undertaken by employees;
- Risks associated with workplace premises which consider those who work at or visit the premises.

There is also a requirement to ensure that risk assessments are:

- Reviewed at least annually or where there has been a change, e.g. alteration in working practices or an increase in accidents/incidents;
- Monitored and regularly reviewed to ensure fit for purpose;
- Conducted when new tasks, new machinery/technology or working methods are being introduced prior to the start of an activity/task;
- Recorded in a Risk Register which is monitored and kept up to date.

Revised risk assessments should be retained for 3 years either electronically or in hard copy.

## **6. THE RISK ASSESSMENT PROCESS**

Line Managers are responsible for undertaking risk assessments. Employees involved in tasks and activities to be risk assessed should be involved and consulted with throughout the risk assessment process as they can provide a valuable contribution. As employees will have a working knowledge of the tasks, and will require to work to any work methods identified as a result of risk assessment. They should be actively encouraged to participate in the risk assessment process and in any review of risk assessments by Line Managers.

The risk assessment process involves:

- Identifying hazards;
- Deciding who may be harmed and how;
- Assessing the risk, including probability, frequency and scale;
- Considering any existing relevant information on previous accidents/injuries or conditions reported in the workplace;
- Implementing procedures and safe systems of work, following the undertaking of risk assessments.

A number of Falkirk Council standard documents have been developed to assist with the risk assessment process. A list of these is contained at Appendix 1. Copies of each of these documents are contained at Appendix 2.

## 7. UNDERTAKING RISK ASSESSMENTS

The following 5 steps provide guidance and detail the documentation to be used at each stage:

### 1. CONSIDER/REVIEW RISK ASSESSMENT REQUIREMENTS

#### **Assessment Priority Sheet Form (HR15)**

This form should be used to help with the analysis/review of work activities to help identify those activities that require risk assessment. It may also be used as a record sheet to record that work activities have been reviewed, but are of low risk, and therefore do not require further assessment.

### 2. ENTER DETAILS OF RISK ASSESSMENTS REQUIRED ON TO A RISK REGISTER

#### **Risk Register Form (HR 38)**

Those activities that will require risk assessment should be entered in the Risk Register and the status of these risk assessments recorded e.g. live or draft along with review dates.

### 3. COMPLETE RISK ASSESSMENT(S)

Choose the appropriate form to record the risk being assessed, either HR 16 for complex tasks or HR16b for routine tasks.

**General Risk Assessment (Complex) Tasks Form (HR16)** - this should be used on occasions to assess more complex tasks where there is a need for more detailed information to be analysed in assessing risks.

**General Risk Assessment (Routine) Tasks Form (HR16B)** - this should be used for assessing all tasks which require the assessment of less complex risks involved in most routine work activities. (Generally you would use this form in most cases, which also includes the development of a workplace premises risk assessment).

Depending on the work activity being risk assessed, a specific task involved in the work activity may require to be analysed separately, but as part of the overall risk assessment process eg. Display Screen Equipment (DSE) To help with this, a range of corporate forms are available for use - see Standard Documents, Appendix 1.

### 4. CALCULATING THE RISK RATING

A risk rating for each activity is obtained by multiplying a "probable frequency rating" by a "severity rating". The risk assessor/s should use the two scales as set out below:

#### **Probable Frequency**

1 = Improbable

2 = Possible but unlikely

3 = Happens, infrequently

4 = Happens, quite frequently

5 = Happens, very frequently

**Severity Rating**

- 1 = Trivial injury
- 2 = Minor injury
- 3 = Hospital stay/Industrial illness
- 4 = Major injury
- 5 = Fatality

The probable frequency from the above is then multiplied with the severity rating e.g. 2 multiplied by 2 = 4 to determine the risk rating value.

Risk Rating values are classified as follows:

<u>Risk Rating Value</u>	<u>Risk Rating</u>
1 - 3	Written RA not required.
4 - 6	Low Risk
8 - 9	Medium Risk } Written RA required.
10 - above	High Risk

**5. UPDATE RISK ASSESSMENT REGISTER**

On completion of the risk assessment(s) record the date and status in the Risk Assessment Register to ensure it is kept up to date, refer to form HR38 attached.

**8. ROLES & RESPONSIBILITIES**

**CHIEF EXECUTIVE**

The Chief Executive is responsible for the effective operation of the Policy across the Council as a whole and for ensuring development of effective management systems to implement the Policy within Services. The Chief Executive is also responsible for ensuring that adequate resources are available to implement appropriate procedures, train key personnel and ensure appropriate protective measures are taken as identified in the Policy.

**DIRECTOR RESPONSIBLE FOR HEALTH, SAFETY & CARE**

The Director responsible for health, safety & care is responsible for supporting the Chief Executive in the implementation of the duties required by this policy and guidance, which includes ensuring the provision of support in the development and implementation of risk management strategies in all Services to reduce and/or control risk.

## **CORPORATE RISK MANAGEMENT GROUP**

Members of the Corporate Risk Management group have a key role to play in ensuring a co-ordinated approach to risk management. Members of the Corporate Risk Management Group will have collective corporate responsibility for:

- Co-ordinating a consistent approach to risk management and risk assessment for the Council;
- Monitoring compliance with the Corporate Risk Register and Corporate Risk Schedule and regularly reporting on such to the Corporate Management Team (CMT);
- Registers and Business Continuity Plans are fit for purpose;
- Tracking trends in Corporate Management, safety performance and insurance claims and initiating any remedial action.

## **CHIEF OFFICERS AND THEIR DEPUTIES**

### **CHIEF OFFICERS AND THEIR DEPUTIES**

Chief Officers and their Deputies are Responsible for, so far as is reasonably practicable, assisting the Chief Executive in the execution of her duties in regard to risk management by risk assessment by ensuring the requirements of the policy and guidance are adhered to. Chief Officers and their Deputies must:

- Develop, implement and regularly review Risk Management by Risk Assessment plans and risk assessments specific to their Service and their working environments (minimum annually);
- Ensure that all risk assessments are conducted/reviewed and that adequate time is made available to employees responsible for undertaking risk assessments to fulfil these tasks;
- Ensure all employees are aware of Service specific Risk Management by Risk Assessment procedures;
- Determine the management arrangements, within their Service, through which these risk assessments will be implemented and communicated;
- Plan for and establish appropriate processes, procedures and monitoring arrangements for risk assessment strategies;
- Ensure that managers and supervisors are competent to undertake their delegated duties in terms of risk management by risk assessment;
- Provide appropriate training and guidance to key employees to ensure that they can undertake the functions of risk assessment competently;
- Ensure that adequate resources are made available within their Services to enable Service based risk assessment strategies to be implemented.

## **SERVICE UNIT MANAGERS & HEAD TEACHERS**

The majority of risks can usually be most effectively identified and directly controlled and managed by Unit/Line Managers. All managers where they have operational responsibility for other employees or for systems and procedures of work will be specifically responsible for ensuring that:

- Risk assessments are developed and effectively implemented, monitored and reviewed in the area/activities under their supervision;
- All activities carried out by employees are risk assessed appropriately, to implement controls that present as low a risk as possible that will minimise risks to other employees, to property, to customers, to visitors or the general public;
- All employees and other persons, where relevant are aware of and understand these risk assessments;
- Relevant training is provided to all employees to enable them to carry out their duties in a competent manner.

## **FIRST LINE MANAGERS, TEAM LEADERS, SUPERVISORS & CHARGE-HANDS**

These employees will have responsibility for implementing, monitoring & reviewing risk assessments to achieve the aims of this policy and guidance and other relevant Corporate and Service based Health & Safety Policies. So far as is reasonably practicable, these individuals will lead by example within their work environment and are responsible for:

- Identifying activities to be risk assessed;
- Undertaking risk assessments;
- Ensuring that employees within their area of control are involved in the risk assessment process and are made aware of the Corporate and Service based risk assessments;
- Communicating the outcomes of risk assessment to employees;
- Ensuring that employees adhere to these risk assessments and adhere to relevant prescribed standards and legislation, are aware of legislation, both current and impending and providing basic advice to employees on this;
- Ensuring that all new employees undergo appropriate induction training which includes risk management by risk assessment;
- Liaising with Service Directors and Human Resources to identify training requirements or on any issues of concern relevant to risk management.

## **PREMISES MANAGERS**

Those employees designated as Premises Managers are also responsible for ensuring that the general safety of employees, volunteers, contractors and visitors is maintained by ensuring that premises risk assessments are undertaken in line with guidance in the Premises Managers' Handbook.

## **EMPLOYEES**

In order to create a positive and effective culture in regard to Health, Safety & Care, it is vital that all employees of Falkirk Council contribute positively to the successful implementation of risk management strategies. Employees who have a concern about health, safety & care matters have responsibility for alerting their line manager to any situation or concern which requires to be resolved. Employees will be expected to:

- Safeguard their health and safety, and that of others by operating to safe systems of work in accordance with Falkirk Council Corporate and Service based Risk Management by Risk Assessment strategies and policies;
- Alert line managers to unsafe practices, conditions or incidents of concern;
- Seek advice and clarification from Line Managers when unsure of any health and safety requirement relevant to their working environment;
- Attend/take part in relevant consultations and training on risk management/risk assessment as instructed by their manager.

## **HUMAN RESOURCES**

Human Resources, specifically the Health, Safety & Care Team, have a responsibility for administering the Council's Health, Safety & Care procedures and for supporting Services in implementing these. They will:

- Provide advice, guidance and information to Services on risk management strategies including support for individuals in undertaking the roles outlined above, to enable them to lead by example;
- Assist in monitoring, reviewing and providing feedback on risk management issues relating to Council policies, plans and procedures;
- Offer support on training issues by advising on appropriate training solutions and assisting with organising and providing suitable training where required;
- Monitor and review this policy and guidance as required.

## **9. TRAINING**

All Services will be required to provide appropriate training for employees commensurate with their defined responsibilities for risk management by risk assessment.

Advice on identification of training needs and the provision of training can be obtained from the Health, Safety & Care Team on Telephone: 01324 506009.

#### **EMPLOYEE DEVELOPMENT TRAINING BULLETIN**

There is a variety of corporate training available on health, safety & care related matters including risk assessment advertised in the Employee Development Bulletin. In addition there are also relevant e learning courses available on the intranet at the Learning Zone site. Other relevant information can be found on the intranet at Human Resources, Health, Safety & Care section.

#### **SERVICE BASED TRAINING**

Services may wish to deliver service based training which may be in the form of cascade training, or briefing sessions and should include information on legislation and both Corporate Strategies and Service based strategies. Training should also indicate how the Service is meeting its responsibilities.

### **10. MONITORING & REVIEW**

The Head of Human Resources and Customer First, in conjunction with Service Directors and Trade Unions, will monitor and review this policy and guidance as required.

## PROCEDURE ON THE USE OF STANDARD RISK ASSESSMENT DOCUMENTS

A range of Risk Assessment documents have been developed to provide support for service risk assessors in the production and review of risk assessments for a wide range of work activities and specific legislative requirements. The following risk assessment documents are provided together with guidance in their use.

### RISK MANAGEMENT BY RISK ASSESSMENT DOCUMENTS

1. Assessment Priority Sheet	Form HR15
2. General Risk Assessment (Complex Tasks)	Form HR16
3. Risk Assessment – Display Screen Equipment	Form HR16A
4. General Risk Assessment (Routine Tasks)	Form HR16B
5. First Aid Risk Assessment Requirements	Form HR16C
6. Assessment of Workstation & Home Working Arrangements	Form HR16D
7. Risk Assessment – Control of Substances Hazardous to Health	Form HR17
8. Risk Survey Table for Use of PPE	Form HR37
9. Risk Assessment Register	Form HR38

Copies of each of these documents are contained at Appendix 2. Copies of the blank risk assessment forms will be available:

[http://underground.falkirk.gov.uk/employee/strategies\\_policies\\_procedures\\_guidance/health\\_safety\\_care.aspx](http://underground.falkirk.gov.uk/employee/strategies_policies_procedures_guidance/health_safety_care.aspx)

#### 1. **Assessment Priority Sheet Form HR15**

The risk assessment priority sheet is designed to help with the analysis/review of work activities to identify those activities that require risk assessment and to prioritise these assessments.

- Task reviewed – Identifies the task/s to be reviewed;
- Hazards – Identifies the hazards associated with the task under review;
- Risk factors – Identifies the factors that affect the risk i.e. the number of persons exposed to risk, a review of accidents/incidents over a given time period, the seriousness of the accident/incident. By using the above formula risk assessors can establish if a risk assessment is required and level of priority.

#### 2. **General Risk Assessment Form HR16 - Complex Tasks**

This form is to be used where there is a need for more detailed information to be analysed in assessing the risk of a more complex task e.g. working within a workshop environment.

The form is designed to show the basic management information first followed by the worksheet for carrying out the risk assessment itself. The findings of the risk assessment and action plan can be found at the end of the form.

### **Section 1 (Task Details)**

- Title - Identifies the task/s to be risk assessed;
- Service/Department - Identifies the Service/Department involved;
- Location – Identifies the location where the task/s will take place;
- Reference Number – Provides an identification unique to the assessment;
- Operations Covered – Provides a brief description of the task;
- Employee/s Job Title – Identifies the job title of those persons involved with the task.

### **Section 2 (Task Analysis)**

Having clearly identified the task, a number of other areas should be identified:

- Task Analysis - Undertake a comprehensive review of the task/s being assessed;
- Persons at Risk - Identify those persons at risk and the number involved;
- Equipment Used - Identify any equipment that contributes a particular risk to the task/s;
- Hazards Identified - Identify the hazards present within the workplace arising out of undertaking the task/s;
- Risk - Identify and describe the foreseeable risk from each hazard;

### **Section 3 (Availability of records and application of management systems)**

Identify if records are available.

- Identify any records and systems available which can be used to demonstrate evidence of control of risks for the task/s to be undertaken.

### **Section 4 (Summary of previous Accidents/Incidents)**

- List details of any previous accidents/incidents recorded over a significant period of time e.g. over the past three years for reference purposes.

### **Section 5 (Other Relevant Risk Assessments)**

- Identify those other existing risk assessments which may cross reference with this General Risk Assessment e.g. Lone Working, Sharps, Transport, Operating Machinery, COSHH (Control of Substances Hazardous to Health), Violence/Assault, Manual Handling etc.

### **Section 6 (Other Risk Assessments Required)**

- Part of the task/s may also require to be risk assessed under other regulations such as COSHH (Control of Substances Hazardous to Health), Manual Handling etc. and this should be recorded and undertaken simultaneously.

### **Section 7 (Overall Comments on the Activity)**

- Provides an opportunity to comment on the findings of the risk assessment e.g. work practices, quality of procedures / safe systems of work, standard of equipment used, engineering safeguards, quality of training, use of Personal Protective Equipment etc.

### **Section 8 (Existing Control Measures)**

- Defines the control measures currently being used for control of identified risks;
- Comment on the effectiveness of the existing control measures.

### **Section 9 (Overall Risk Rating of the Task/s to be Undertaken)**

- Determine the risk rating of the hazard/s relating to the task/s to be undertaken by referring to the Probable Frequency / Severity scale shown on form HR16 i.e. Low 1 - High 5 and multiplying these figures;
- Provide reasons for coming to this conclusion e.g. potential for injury, level of control measures (good or bad), quality of training, working environment, accident rate etc.

### **Section 10 (Conclusion about the Risk and Adequacy of Control Measures)**

- Summarise the findings of the risk assessment e.g. comments on the task, control measures – adequacy of existing systems, degree of risk etc.

### **Section 11 (Recommendations for Improvement)**

- Enter any recommendations which you as risk assessor feel may resolve the issues raised as a result of undertaking this risk assessment.

### **Section 12 (Action Plan)**

- Enter any actions that require to be implemented as a result of undertaking this risk assessment;
- Identify who is responsible for completing these actions and the target date for completion;
- Enter the date of completion when the necessary actions have been completed;
- The risk assessor should print their name and sign and insert date where indicated;
- The risk assessment should be reviewed at least annually.

## **3. Display Screen Equipment, 1-1 Risk Assessment – Form HR16A**

The Health & Safety (Display Screen Equipment) Regulations 1992 require employers to manage the risks associated with the use of Display Screen Equipment (DSE). Employees are classified as DSE users if they normally use the DSE for continuous or near-continuous spells of an hour or more at a time.

All employees who are identified as DSE users should complete the OLLE on line learning course (Display Screen Equipment) and complete a self assessment of their workstation. The DSE assessment should be passed to their line manager who should take any necessary action identified in the assessment.

Where the self assessment has identified issues that require a more detailed analysis then a further risk assessment on the use of Display Screen Equipment should be carried out by an appointed person who has received training on how to carry out a Display Screen Equipment risk assessment. This training can be arranged by contacting the Health, Safety & Care Team whose details are on the Intranet at Human Resources, Health, Safety and Care section. This DSE risk assessment supports the self assessment that is carried out by employees after completing the online training.

Where there are complex issues requiring a more detailed workstation assessment additional support can be provided by the Health, Safety and Care Team

#### **4. General Risk Assessment Form HR 16B – Routine Tasks**

This form should be used for routine tasks which assess less complex risks. The form is designed to show the basic management information first, followed by the worksheet for carrying out the risk assessment itself. An action plan is at the end of the form.

##### **Section 1 (Task/s to be undertaken)**

- Task/s – Identifies the task/s to be risk assessed;
- Reference Number – Provides an identification unique to the assessment;
- Service – Identifies the Service involved;
- Employee/s Job Title – Identifies the job title of those persons involved with the task.

##### **Section 2 (Hazards Identified)**

Review the list of hazards shown on the list and tick the relevant box if the hazard is present in the task / activity being risk assessed. For a hazard not shown on the list, complete the final box marked “other” and insert relevant details of the hazard identified.

##### **Section 3 (Persons at Risk)**

Enter the relevant numbers of persons in the relevant boxes category(ies) identified as being at risk.

##### **Section 4 (Controls)**

- Identify the reference number (i.e. 1,2 etc.) of the hazard identified in Section 2 under hazard no;
- Enter the present control method(s) e.g. Service policy / procedure, method of work, training etc.;
- State if these are considered adequate by entering Yes or No in the box.

### **Section 5 (Comments)**

- Identify the hazards which have been assessed as having no means of control or as not being adequately controlled. Enter the reference number of the hazard identified previously in Sections 2 and 4;
- Enter any recommendations which you, as risk assessor, propose to implement to reduce / eliminate the risk e.g. additional training, maintenance of equipment, mandatory checks, additional procedures, introduction of new safer working methods, use of PPE (Personal Protective Equipment) etc.;

### **Section 6 (Overall Risk Rating of the Task/s to be Undertaken)**

- Determine the risk rating of the hazard/s relating to the task/s to be undertaken by referring to the Probable Frequency/Severity scale shown on form HR16b i.e. Low 1 – High 5 and multiplying these figures;
- Provide reasons for coming to this conclusion e.g. potential for injury, level of control measures (good or bad), quality of training, working environment, accident rate etc.

### **Section 7 (Identify other risk assessments required)**

The person undertaking the risk assessment should:

- Circle and or state as appropriate additional relevant risk assessment/s required that are relevant to the task;
- Should print their name and sign and date where indicated.

### **Section 8 (Action Plan)**

The person undertaking the risk assessment should:

- Enter any actions required as a result of undertaking this assessment;
- Identify who is responsible for completing these actions and the target date for completion;
- Enter the date of completion when the necessary actions have been completed;
- Print their name and sign and date where indicated;
- Identify the date for the review of the risk assessment (NB this should be undertaken at least annually).

## **5. First Aid Risk Assessment Requirements – Form HR16C**

The Health & Safety (First Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are injured or become ill at work. To provide managers with additional support in meeting these requirements this form has been provided to identify the risk relating to this specific task involved in a work activity may require to be analysed separately but as part of the overall risk assessment process, these are as detailed below.

Guidance on completion of a First Aid risk assessment can be found by referring to the Falkirk Council Guidance Note for First Aid at Work which is available in Falkirk Council's Managers Health & Safety Policy and Procedure Handbook and also on the Intranet.

6. **Assessment of Workstation & Home-working Arrangements – Form HR16D**

The Health & Safety (Display Screen Equipment) Regulations 1992 require employers to manage the risks associated with the use of Display Screen Equipment (DSE), this includes employees who work from home. Guidance on how to carry out an assessment of workstation & home-working arrangements is available on the Intranet.

7. **Control of Substances Hazardous to Health – Form HR17**

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) requires employers to control exposure to hazardous substances to prevent ill health and to protect employees and others who may be exposed by complying with the COSHH regulations. Guidance on completion of a risk assessment for the Control of Substances Hazardous to Health (COSHH) is available by contacting the Health, Safety & Care Team whose details are on the Intranet at Human Resources, Health, Safety & Care section.

8. **Risk Survey Table Personal Protective Equipment (P.P.E.) – Form HR 37**

The Personal Protective Equipment Regulations 2002, requires employers to ensure that suitable PPE is provided to those employees who may be exposed to a risk to their health & safety at work except where the risk has been adequately controlled by other means and will not therefore require the use of PPE.

The table contained on form HR 37 should be used to establish where a number of items of Personal Protective Equipment items will be required to be issued used at one time. The form is designed to be used in conjunction with other Risk Assessments such as COSHH (Control of Substances Hazardous to Health), Asbestos, Noise, General Risk, Lead, Moving and Handling and Ionising Radiation. A number of different types of PPE may be used in one assessed work activity as a means of controlling risk. The variety of PPE used can be listed, e.g. gloves, goggles, respirator etc. Where possible the full product name of the items issued should be specified.

For each item of PPE to be issued, the following should be identified:

- The part/s of the body you are trying to protect;
- What physical, chemical or biological risks are encountered in the task under assessment;
- The appropriate box should be ticked;

The Line Manager/Risk Assessor should complete the box at the foot of the page to state whether the P.P.E. being issued is satisfactory to control risk or not. It should be borne in mind that P.P.E. is the "last resort" as it only protects the individual, whereas controlling the risk at source protects everyone in the workplace.

9. **Risk Assessment Register – Form HR 38**

All work activities and tasks which require to be risk assessed should be entered on to a Risk Assessment Register. Information to be recorded will include the risk assessment reference number, risk assessment title, the issue date, the reviewed date and details of amendments made if any required.



## GENERAL RISK ASSESSMENT (For Complex Tasks)

HR16

### 1. TASK DETAILS

Title:	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)  
/ Na

Yes / No / Na

**Maintenance** ( e.g of equipment / servicing )

Yes / No

**Personal Protective Equipment** (e.g. PPE issue / maintenance)  
No / Na

Yes / No / Na

**Management Systems** (e.g. procedures, controls etc)

Yes /

**Statutory Checks** ( e.g. gas/electricity/pressure systems/ventilation etc. )  
No / Na

Yes / No / Na

**Hazard Data Sheet** (e.g. COSHH – copy sheets to be attached) Yes /

**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.)

Risk Assessment Ref. No.

**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 =

Reasons for this conclusion:

**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

<b>MANAGERS NAME:</b>		<b>SIGNATURE:</b>	<b>DATE:</b>
<b>Assessment Reviewed by</b>	<b>Signed</b>	<b>Date Reviewed</b>	<b>Comment</b>



1. DETAILS

<p>SERVICE</p> <p>SECTION:</p> <p>LOCATION:</p> <p>NAME OF USER:</p> <p>NAME OF ASSESSOR:</p>	<p><b>Reason for DSE Assessment:</b> Normal/ Support Manager/Occ. Health referral</p> <p>Date referred to HS&amp;C team:</p> <p>Date assessed:</p> <p>Date completed:</p>
<p>Has Employee used or aware of OLLE module DSE self assessment on-line</p>	

2. CHAIR

<p>Prior to assessment: Was the chair adjusted to suit the user? Condition of the chair: Make/Model _____ Details of level of adjustment required. _____</p>	<p>YES / NO</p>
<p>IS THE CHAIR STABLE?</p>	<p>YES/NO</p>
<p>CAN YOU MOVE EASILY ON THE CHAIR AND SIT COMFORTABLY?</p>	<p>YES/NO</p>
<p>CAN YOUR FEET TOUCH THE FLOOR OR A FOOTREST?</p>	<p>YES/NO</p>
<p>IS THE SEAT ADJUSTABLE FOR HEIGHT AND BACK SUPPORT?</p>	<p>YES/NO</p>
<p>COMMENTS:</p>	
<p>REMEDIAL ACTION TAKEN:</p>	

### 3. WORK SURFACE

IS THERE ENOUGH SPACE IN FRONT OF THE KEYBOARD FOR YOU TO REST YOUR WRIST AND ARMS?	YES/NO
IS THE WORK SURFACE LARGE ENOUGH TO ALLOW YOU TO ALTER THE LAYOUT OF THE EQUIPMENT?	YES/NO
CAN YOU POSITION WORK IN A COMFORTABLE POSITION FOR HEAD/EYES?	YES/NO
IS THERE ENOUGH SPACE FOR YOU TO BE IN A COMFORTABLE POSITION?	YES/NO
ARE ALL ELECTRICAL CABLES/EQUIPMENT IN GOOD CONDITION?	YES/NO
ARE CABLES TIDY AND PREVENTED FROM TRAILING?	YES/NO
COMMENTS:  Prior to Assessment: Was there a document holder in place if required?	YES / NO
REMEDIAL ACTION TAKEN:	

### 4. DISPLAY SCREEN

Prior to Assessment: Was the screen height correct? Was the screen in a suitable position for posture?	YES / NO YES / NO
DO YOU FIND THE DISPLAY CHARACTERS EASY TO READ?	YES/NO
IS THE SCREEN STABLE AND FREE FROM FLICKER?	YES/NO
CAN YOU ADJUST THE BRIGHTNESS AND CONTRAST?	YES/NO
CAN YOU TILT & SWIVEL THE SCREEN?	YES/NO
IS THE HEIGHT OF THE SCREEN SUITABLE?	YES/NO
IS IT POSSIBLE TO ADJUST THE HEIGHT OF THE SCREEN?	YES/NO
IS THE SCREEN FREE FROM UNCOMFORTABLE GLARE AND REFLECTIONS?	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN	

**5. WORKING ENVIRONMENT**

DO YOU HAVE ENOUGH SPACE AROUND YOUR WORKSTATION FOR YOU TO CHANGE POSITION AND VARY YOUR MOVEMENTS?	YES/NO
DO YOU FIND THE ROOM LIGHTING AND ANY PORTABLE LAMPS GIVE ADEQUATE ILLUMINATION?	YES/NO
DO WINDOWS HAVE ADJUSTABLE BLINDS OR OTHER COVERINGS?	YES/NO
IS THERE A CONSTANT ADEQUATE LEVEL OF HUMIDITY?	YES/NO
IS THE TEMPERATURE/VENTILLATION ADEQUATE?	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN:	

**6. SOFTWARE**

DO YOU FIND THE SOFTWARE YOU ARE REQUIRED TO USE EASY TO USE?	YES/NO
HAVE YOU RECEIVED ADEQUATE TRAINING IN THE SOFTWARE YOU ARE REQUIRED TO USE?	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN:	

**7. OTHER ITEMS**

HOW MANY HOURS PER WEEK DO YOU SPEND USING YOUR COMPUTER?	
DOES THE WORK REQUIRE EXTREME CONCENTRATION?	YES/NO
IS THE SCREEN INFORMATION COMPLEX?	YES/NO
DO YOU SUFFER FROM FATIGUE OR STRESS? (Due to DSE work)?	YES/NO
DO YOU GET ACHES, PAINS, PINS AND NEEDLES etc IN THE NECK, BACK, SHOULDERS, AND UPPER ARMS OR LEGS?	YES/NO
DO YOU SUFFER FROM RESTRICTED JOINT MOVEMENT?	YES/NO
DO YOU HAVE PROBLEMS WITH VISION, HEADACHES, and TIRED EYES etc?	YES/NO
IS THERE A RISK OF WALKING INTO OR DISLODGING EQUIPMENT? When arriving or leaving the workstation.	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN:	

**8. Occupational Health referral details (if applicable)**

Identify information regarding outcome from Occupational Health referral: Telephone call/copy of letter:  
Medical issue:

Issues identified	Recommended Actions
1.	1.
2.	2.
3.	3.
4.	4.

**9. Overall comments**

--

**10. REMEDIAL ACTION TO BE TAKEN**

--

**11. WORKSTATION ASSESSMENT**

ASSESSMENT WAS CARRIED OUT ON – DATE

ASSESSMENT WAS CARRIED OUT BY:

NAME:

--

User' Name:

-----

**REVIEW ASSESSMENT**

- Reasons for review assessment**
- a) Routine review
  - b) Change of circumstances (details) .....
  - c) Other (details) .....

<b>Recommendations to User</b>	Date Action undertaken:	
	By Whom:	
	Signature:	
<b>Recommendations to Manager</b>	Date Action undertaken:	
	By Whom:	
	Signature:	

**Areas For Further Investigation:**

  
  
  
  
  
  
  
  
  
  

**This is to certify that the review assessment took place on .....(date)**

**User:** ..... **(Signature)**

**Manager:** ..... **(Signature)**

**Assessor:** ..... **(Signature)**



**Section 5 – COMMENTS**  
 Identify hazards which have no means of control, or are not adequately controlled. List any recommendations which you feel may resolve the hazards

Hazard No.	Recommendations

**Section 6 – OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN ( Probable Frequency X Severity )**

<b>Frequency, scale : Low 1 - High 5</b>	1 Improbable, 2 Possible but unlikely, 3 Happens infrequently 4 Happens quite frequently, 5 Happens, very frequently
<b>Severity, scale : Low 1 - High 5</b>	1 Trivial injury, 2 Minor injury, 3 Hospital stay/Industrial illness 4 Major injury, 5 Fatality
Reasons:	

**Section 7 – IDENTIFY OTHER RISK ASSESSMENTS REQUIRED / RELEVANT (Circle)**  
 COSHH / Manual Handling / Personal Protective Equipment / Noise / Vibration / Asbestos / Lead/ Display Screen Equipment / Fire/Other (\*please state)

**Assessors Name:** ..... **Signature:**.....  
**Date:**.....

**Section 8 – ACTION PLAN (where appropriate)**

Hazard No.	Action Required	Person nominated	Date Assigned	Date Completed

**Managers Name:** ..... **Signature:**..... **Date:**.....  
 Review at least annually

When the RA has been reviewed and if there are no changes then confirm this by completing the required details below. When changes are required then the RA should be updated and all sections above completed.

Assessment Reviewed by	Signature	Date Reviewed

**FALKIRK COUNCIL  
FIRST AID RISK ASSESSMENT REQUIREMENTS**

**(Section A)  
Premises Details**

Premises:	Service:
Manager:	Division:
Date:	

**(Section B)  
First Aid Risk Assessment Requirements**

<b>ANALYSIS OF PROVISION (Ref to information detailed on Appendix 1)</b>	<b>No. of Persons</b>	<b>No of Appointed Persons</b>	<b>No of First Aiders</b>
<b>1. Risk level of Premises (including hazards) HIGH/MEDIUM/LOW</b>			
<b>2. Risk Rating of Visitors (including hazards) HIGH/MEDIUM/LOW</b>			
<b>3. Specific Risks Involved HIGH/MEDIUM/LOW</b>			
<b>4. Shift Work/Regular out of hours work</b>	Yes/ No		
<b>Total Number of First Aid Persons required</b>			
<b>Total Number of Appointed Persons required</b>			

<b>5. First Aid Room Required?</b> (Ref Guidance Note paragraph 2.8)	Yes/ No			
<b>6. First Aid Box</b> (Ref Guidance Note para 2.7)  & <b>7. First Aid Room</b> (Ref Guidance Note para 2.8)	<b>List of Standard Contents</b>		<b>Quantities</b>	
			<b>Suggested</b>	<b>Actual</b>
	Leaflet/booklet giving general guidance first aid		1	
	Individually wrapped sterile adhesive dressings & plaster assorted sizes		20	
	Sterile eye pads		2	
	Individually wrapped triangular bandages		4	
	Safety Pins		6	
	Medium size wound dressings		6	
	Large wound dressings		24	
Disposable Gloves		Box		

	Disposable Resuscitation aids	6	
	Disposable wipes	Pack	
	Plus Defibrillator if required		
	Log Book to record incidents & treatment administered (Ref Guidance Note para 2.6)		
<i>NB: Number of supplies will vary according to outcome of risk assessment. Headache &amp; other medicines should not be kept in a first aid box</i>			

**(Section C)**

**Results of Risk Assessment Process (enter details in boxes below on completion of Section B)**

Appointed Person: Yes/No	First Aider required Yes/No, if yes how many?
First Aid Room required Yes/No	First Aid Room Location
First Aid box(es) required Yes/No How many?	Location(s)

**(Section D)**

**Personal Details/Training Details**

Appointed Person:			
Training provided:		Date:	
First Aiders:			
Name	Training Dates	Certificate Expiry	Training date for Refresher
1.			
2.			
3.			
4.			
5.			
6.			

**ASSESSMENT OF WORKSTATION & HOME WORKING ARRANGEMENTS***(To be completed by the manager with employee)*

<b>Name of Employee</b>		<b>Job Title</b>	
<b>Home Address</b>			
<b>Email Address</b>		<b>No of residents in house</b>	<b>Adults</b> <b>Children</b>
<b>List of Equipment Supplied by FC where relevant</b>			
<b>Approximately how frequently will any computer equipment be used?</b>	<b>Hours per day</b>		
	<b>Days per week</b>		

<b>1.GENERAL ASSESSMENT OF HAZARDS</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Is there sufficient space for the storage of working files, stationery, and other admin equipment?			
Is there natural light?			
Is there suitable room lighting?			
Is there a need for task lighting? i.e. portable lamp			
Is the lighting likely to cause glare or reflection problems?			
Are there blinds/curtains available to control glare if necessary?			
Do these blinds or curtains operate correctly?			
Can a suitable room temperature be easily maintained?			
Is there suitable ventilation for the computer equipment?			
Is the electrical system in house suitable for additional electrical equipment to be used?			
Is there a sufficient number of electric power sockets to operate the equipment?			
Are electrical adapters used and are these fuse protected?			
Are the power sockets and other electrical equipment visibly free from damage or defects?			
Is there a need for an extension cable?			
Are any power sockets or extension cables overloaded?			
Can all power cables be routed safely?			
Has the electrical equipment supplied been added to the PAT testing programme?			
Has the employee been advised to carry out regular visual inspections of the electrical equipment (i.e. plugs, leads)?			
Has the employee been instructed to switch off all electrical equipment at the power socket when not in use?			
Is the workstation area free from distracting noise?			
Is there a smoke alarm near the work area?			
Does any of the work equipment have an impact on fire escape routes?			

Has a suitable fire escape route been identified?			
Is the employee aware of the requirement to report work related accidents that happen on the premises? (A copy of HR14 form is available to employee)			
Have communication arrangements between the home worker and line manager been established?			

<b>2. DISPLAY SCREEN</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Is the telephone connection socket suitably positioned?			
Is an extension internet cable required?			
If so has the internet cable been routed safely?			
Is the display screen image clear?			
Are the characters readable?			
Is the screen stable and free from flicker?			
Are the brightness and contrast adjustable?			
Is the screen free from glare and reflections?			
Does the screen swivel and tilt?			

<b>3. KEYBOARD</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
For laptop users, has a separate keyboard and mouse and Laptop Stand been provided?			
Does the keyboard tilt?			
Does the user have a comfortable keying position?			
Is there enough space for the user to rest their hands in front of the keyboard?			
Is the keyboard free from glare?			
Are the characters on the keyboard easy to read?			
Are all the keys in place and in good working condition?			
Has a wrist support for the keyboard been provided?			

<b>4. MOUSE</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Has a mouse been provided?			
Is there sufficient space alongside the keyboard for the mouse to be used comfortably?			
Is the mouse positioned close to the keyboard?			
Has a mouse mat been provided?			

<b>5. WORKSTATION</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Is there a dedicated workstation?			
Does the furniture fit the work area and the user?			
Is the work surface large enough for the computer/laptop,			

documents, and other equipment to work comfortably?			
Is there sufficient space under the work surface for thighs, knees, and to stretch legs?			
Is the work surface free of glare and reflection?			
Does the chair provide freedom of movement?			
Is a suitable document holder required?			
Is access/egress to the workstation sufficient?			
Have suitable measures been taken to reduce the risk of a slip/trip in the area of the workstation?			

<b>6. CHAIR</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Is the chair stable?			
Does the seat height adjust?			
Does the back adjust in height and tilt?			
Is a footrest required?			
Is the user comfortable at the workstation?			

<b>7. LAPTOP GUIDANCE</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Is the Laptop positioned on the Laptop stand set at the correct height to suit user? i.e. (head and eyes level with the top of the screen)			
Is there a separate mouse and keyboard provided?			
Are power cables fed safely to a power source?			

<b>7. SOFTWARE</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Is the software loaded user friendly?			
Has adequate training been provided to use the software?			

<b>8. KNOWLEDGE &amp; HEALTH</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Has user been provided with information on potential adverse health effects of computer use & how to prevent this?			
Has user been provided with training on how to set up & use a workstation in accordance with DSE procedures? E.g. is OLLE accessible and is used to set up the Homework activity. This shall be reported to the manager for action.			
Has user ever suffered from symptoms related to use of DSE or other musculo-skeletal illness?			
Is there a first aid kit available?			
Are there any additional factors not listed that may impact on the safety of the home worker? If yes, please detail.			

## 9. REMEDIAL ACTION REQUIRED

Hazard Identified	Remedial Action	Date Resolved

**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 =

**Reasons for this conclusion:**

Signature of Employee:

Date:

**PRINT** name of line manager:

Signature of line manager

Date:

**Review Date:**  
 (at least annually)

# COSHH ASSESSMENT RECORD

HR 17

<b>Assessed By :</b>	<b>Date Assessed :</b>	<b>Reviewed By :</b>	<b>Date Reviewed</b>
<b>Service:</b>	<b>Location Used:</b>	<b>Reviewed By :</b>	<b>Date Reviewed</b>
<b>Product Name</b>			
<b>Manufacturer of Product</b>			
<b>Suppliers Name</b>			
<b>Description of Intended use of product?</b>			
<b>Banned Applications, combination and other restrictions</b>			
<b>Emergency Procedures</b>	<b>Eyes:</b> <b>Ingestion:</b> <b>Inhalation:</b> <b>Skin:</b> <b>Material Safety Data Sheet:</b> Can be obtained from Line Manager if required.		
<b>First Aid Requirements</b>			
<b>Hazard Detail</b>	<input type="checkbox"/> Gas <input type="checkbox"/> Vapour <input type="checkbox"/> Mist <input type="checkbox"/> Fume <input type="checkbox"/> Dust <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Other (State)		

Identified Hazards

	<input type="checkbox"/> Very Toxic		<input type="checkbox"/> Irritant		<input type="checkbox"/> Extremely Flammable		<input type="checkbox"/> Biological
	<input type="checkbox"/> Toxic		<input type="checkbox"/> Sensitising		<input type="checkbox"/> Highly Flammable		<input type="checkbox"/> Oxidising
	<input type="checkbox"/> Corrosive		<input type="checkbox"/> Harmful		<input type="checkbox"/> Flammable		<input type="checkbox"/> Environmental

**Route of Exposure**

Inhalation <input type="checkbox"/>	Skin <input type="checkbox"/>	Eyes <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Other _____ <input type="checkbox"/>
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## COSHH ASSESSMENT RECORD

<b>Product Content:</b>	
<b>Work Exposure Limit:</b>	
<b>Is Health Surveillance Required?</b>	
<b>Fire Precautions</b>	
<b>Safe Storage Requirements</b>	
<b>Transport</b>	
<b>Spillage</b>	
<b>Waste Disposal</b>	

<b>Controls Measures and Personal Protective Equipment Required</b>					
	Standard/ Comment		Standard/ Comment		Standard/ Comment
 <input type="checkbox"/>		 <input type="checkbox"/>		 <input type="checkbox"/>	
Dust mask		Footwear		Overalls	
 <input type="checkbox"/>		 <input type="checkbox"/>		 <input type="checkbox"/>	
Respirator		Visor		Apron	
 <input type="checkbox"/>		 <input type="checkbox"/>		 <input type="checkbox"/>	
Gloves		Box Goggles		Wash Hands	
 <input type="checkbox"/>		 <input type="checkbox"/>		 <input type="checkbox"/>	
LEV		Adequate Ventilation		Other	

<b>Risk Conclusions</b>	Tick as Appropriate
Exposure is not a risk to health now and it is not foreseeable that anything will happen in the future to change this.	<input type="checkbox"/>
Exposure does not represent a risk to health but risks could arise in the future if the control measures were to deteriorate or break down.	<input type="checkbox"/>
Other Comment	<input type="checkbox"/>

**RISK SURVEY TABLE FOR USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

<b>TYPE OF ASSESSMENT:</b> <i>(Circle)</i>	<b>COSHH</b>	<b>LEAD</b>	<b>ASBESTOS</b>	<b>NOISE</b>
		<b>GENERAL RISK</b>	<b>MANUAL HANDLING</b>	<b>IONISING</b>
<b>ASSESSMENT REF. NO.</b>				
<b>PRESENT TYPE OF PPE PROVIDED</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>

**PART OF THE BODY**

HEAD/SKULL				
EARS				
EYES				
RESPIRATORY SYSTEM				
FACE				
WHOLE HEAD				
HANDS				
ARMS (PART OF)				
FOOT				
LEG (PART OF)				
WHOLE BODY				
SKIN				

**PHYSICAL RISKS**

FALLS FROM HEIGHT				
BLOWS/CUTS/SCARS				
VIBRATION				
SLIPPING				
HEAT				
COLD				
ELECTRICAL				
NON IONISING				
IONISING				
NOISE				

**CHEMICAL RISKS**

DUST				
FLAMES				
VAPOURS				
GASES				
SPLASHES				
IMMERSION				

**BIOLOGICAL RISKS**

HARMFUL BACTERIA				
HARMFUL VIRUSES				
FUNGI				
ANTIGENS				
SATISFACTORY? Y/N IF NO REASSESS PPE REQUIREMENTS				

