

MODEL: Risk Assessment - Example 1

Activity assessed:

Assessment date:

Assessment reference:

Name of assessor:

Review date:

| Ref. No. | Hazard | Persons at Risk and How They Might be Harmed | Controls Currently in Place | Current Risk Level | | | | Further Controls Recommended | Action by Whom | Action by Date | Completed Date |
|----------|--------|--|-----------------------------|--------------------|---|---|-------------|------------------------------|----------------|----------------|----------------|
| | | | | L | S | R | Risk Rating | | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |

Risk Assessment Information

This risk assessment is based on the 5 Steps to Risk Assessment model and uses numerical values to calculate the levels of risk. In practice this means we simply assign a value of 1-5 for the likelihood of the hazard causing harm and a value of 1-5 for the severity of the harm should it occur (1 being the lowest value, 5 being the highest). The two figures are then multiplied to achieve a risk rating score: $L \times S = R$.

For example if a worker changes a light bulb in an indoor ceiling light using a stepladder twice a year then we can rate the likelihood as '1' due to the low frequency of the activity being performed. However as injuries as a result of falls from height can be serious (even from relatively short distances) then we can rate the severity as a '4', Using the calculation we multiply $1 \times 4 = 4$. This produces a 'Very Low' Risk Level on the Risk Rating Key.

Another example would be for a worker who regularly has to change light bulbs as a part of their job, sometimes outside and in adverse weather conditions. The likelihood would increase to '5', reflecting the regularity of the action and the potentially increased chance of falling while working outside on uneven ground and in bad weather, while the severity would remain at '4'. Again using the calculation we multiply $5 \times 4 = 20$. This returns a Risk Rating of High on the Risk Rating Key.

| Likelihood | | Severity | |
|------------|--------------------|----------|---------------|
| Rating | Guide words | Rating | Guide words |
| 1 | Extremely unlikely | 1 | No/Minor harm |
| 2 | Unlikely | 2 | Moderate harm |
| 3 | Likely | 3 | Serious harm |
| 4 | Extremely likely | 4 | Major harm |
| 5 | Almost certain | 5 | Catastrophic |

Risk Rating Key:

| Score | Risk Level | Description |
|-------|------------|--|
| 1-4 | Very Low | These risks are considered acceptable. No further action is necessary other than to ensure that the controls are maintained. |
| 5-10 | Low | No additional controls are required unless they can be implemented at very low cost (in terms of time, money and effort). Actions to further reduce these risks are assigned low priority. Arrangements should be made to ensure that the controls are maintained. |
| 11-15 | Medium | Consideration should be given as to whether the risks can be lowered, but the costs of additional risk reduction measures should be taken into account. The risk reduction measures should be implemented within a defined time period. Arrangements should be made to ensure that the controls are maintained, particularly if the risk levels are associated with harmful consequences. |
| 15-20 | High | Substantial efforts should be made to reduce the risk. Risk reduction measures should be implemented urgently within a defined time period and it might be necessary to consider suspending or restricting the activity, or to apply interim risk controls, until this has been completed. Considerable resources might have to be allocated to additional controls. Arrangements should be made to ensure that the controls are maintained, particularly if the risk levels are associated with extremely harmful consequences and very harmful consequences. |
| 20+ | Very High | These risks are unacceptable. Substantial improvements in risk controls are necessary, so that the risk is reduced to an acceptable level. The work activity should be halted until risk controls are implemented that reduce the risk so that it is no longer very high. If it is not possible to reduce risk the work should remain prohibited. |

Definitions:

| | |
|------------------------|--|
| Risk Assessment | A systematic examination of workplace risks in 5 steps: 1) Identify the hazards, 2) Identify who might be harmed and how, 3) Evaluation the hazard (by examining current controls and recommending further controls), 4) Recording the assessment and 5) Reviewing the assessment. |
| Hazard | Something with the potential to cause harm e.g. tools, machinery, work equipment, substances, workstation, unsafe system of work etc. |
| Harm | The damage that a hazard may cause e.g. physiological effects (physical injury, ill health) and psychological factors (e.g. stress), loss of time/efficiency and damage to the premises/equipment. |
| Likelihood | The chance that a hazard realises its potential to cause harm. |
| Severity | Extent of injury, damage etc. |
| Risk | The probability of a hazard actually causing harm. |
| Controls | Measures introduced or installed to reduce to a minimum the possibility of harm to persons, plant and property. |

Model Risk Assessment: Example 2

| | |
|----------------------------|-----------|
| Location: | |
| Date of Assessment: | |
| Assessed by: | |
| Review Date: | 12 months |

Summary of Risks

| Ref | Description |
|------------|-------------------------------|
| 1. | Fire |
| 2. | Slips & Trips |
| 3. | Hazardous Substances |
| 4. | Electricity/ Electrical items |
| 5. | Manual Handling |
| 6. | Work at Height |
| 7. | Display Screen Equipment |
| 8. | Stress |
| 9. | Kitchen |
| 10. | Other |

| Ref | Hazard | Who Is Affected | Existing Control Measures | Additional Actions Required | Actioned Sign & Date |
|-----|--|---|---|---|----------------------|
| 1. | FIRE <ul style="list-style-type: none"> • Potential death or serious burn • Smoke inhalation • Electrical fires | <ul style="list-style-type: none"> • All employees & volunteers • Other persons attending the premises, e.g. customers, contractors | <ul style="list-style-type: none"> • Refer to fire risk assessment for specific information re controls. • Automatic fire detection / warning system fitted throughout the premises. • Emergency lighting is fitted throughout the premises. • Fire exits are clearly marked and kept clear of any obstruction. • All electrical equipment is regularly PAT tested / inspected. • No smoking premises. • Fire extinguishers are located throughout and regularly inspected and maintained. | <ul style="list-style-type: none"> • | |
| 2. | SLIPS & TRIPS <ul style="list-style-type: none"> • Trip over boxes and other items stored on the floor or in walkways • Slip on wet surface (kitchen / toilets) | <ul style="list-style-type: none"> • All employees & volunteers • Other persons attending the premises, e.g. customers, contractors | <ul style="list-style-type: none"> • Good standards of housekeeping throughout. • All staff & volunteers are verbally instructed to maintain good housekeeping standards and ensure walkways are kept clear. • Flooring is well maintained. • Adequate lighting throughout providing good vision. • Rubbish is placed in bins provided which are regularly emptied. | <ul style="list-style-type: none"> • | |

| Ref | Hazard | Who Is Affected | Existing Control Measures | Additional Actions Required | Actioned Sign & Date |
|-----|--|---|--|---|----------------------|
| | <ul style="list-style-type: none"> • Trip/fall on stairs | | <ul style="list-style-type: none"> • Stairs are kept clear and well lit at all times • Regular cleaning of floor surfaces in the toilets. • All stairs leading to upper floors are fitted with handrails. • Boxes and other stored items are stacked away from walkways. • All spillages of liquids are cleared up immediately. • All electrical leads are kept clear of walkways. Leads are tied together where possible. | | |
| 3. | <p>HAZARDOUS SUBSTANCES</p> <ul style="list-style-type: none"> • General cleaning products | <ul style="list-style-type: none"> • All employees & volunteers • Other persons attending the premises, e.g. customers, contractors | <ul style="list-style-type: none"> • Generally low risk environment (mainly cleaning chemicals for general cleaning). • First aid kit is readily available. • Products are stored in suitable labelled containers. • Cleaning products are stored in a separate cupboard. • All workers are made aware of safe use of substances. | <ul style="list-style-type: none"> • | |
| 4. | <p>ELECTRICITY/ ELECTRICAL ITEMS</p> <ul style="list-style-type: none"> • Computers | <ul style="list-style-type: none"> • All employees & volunteers • Other persons attending the | <ul style="list-style-type: none"> • Only the Organisation's electrical equipment is used on premises. • Portable electrical appliances are PAT tested on an annual basis and the register is maintained on | <ul style="list-style-type: none"> • | |

| Ref | Hazard | Who Is Affected | Existing Control Measures | Additional Actions Required | Actioned Sign & Date |
|-----|--|--|---|--|----------------------|
| | <ul style="list-style-type: none"> Printers Photocopier Paper shredder Kitchen equipment | premises, e.g. customers, contractors | <p>the premises.</p> <ul style="list-style-type: none"> Electrical equipment (where possible) is turned off when the premise is left unattended. 4-gang extension sockets are used where additional plugs are required. Visual checks are conducted and faulty equipment reported. Faulty equipment is immediately removed and repaired or replaced. Fixed Electrical installations are inspected every five years by a competent person (electrician) and records of inspection are maintained. | | |
| 5. | <p>MANUAL HANDLING</p> <ul style="list-style-type: none"> Moving stock & equipment Removing/ placing items from shelves | <ul style="list-style-type: none"> All employees & volunteers | <ul style="list-style-type: none"> Walkways are kept clear and lit at all times to reduce tripping and slipping risk. Comfortable working temperature maintained (circa 21°C) – avoidance of cold muscles/joints. Majority of deliveries are handled by courier driver who transfer from van into the premise. All staff and volunteers are provided with manual handling instruction. Trolley provided for transporting heavy loads. | <ul style="list-style-type: none"> | |

| Ref | Hazard | Who Is Affected | Existing Control Measures | Additional Actions Required | Actioned Sign & Date |
|-----|---|--|--|---|----------------------|
| 6. | WORK AT HEIGHT <ul style="list-style-type: none"> ▪ Fall off steps or chairs when accessing high points, e.g. shelving ▪ Fall off steps when cleaning windows, high points, etc. | <ul style="list-style-type: none"> ▪ All employees & volunteers | <ul style="list-style-type: none"> ▪ Main stock items are stored at floor level where possible. ▪ Appropriate step ladder(s) is provided for high cleaning, collecting high items and internal cleaning activities. ▪ All staff and volunteers are provided with safe step-ladder use instruction. | <ul style="list-style-type: none"> ▪ | |
| 7. | DISPLAY SCREEN EQUIPMENT (DSE) <ul style="list-style-type: none"> ▪ Excessive usage ▪ Incorrect posture ▪ Poor work environment/workstation design | <ul style="list-style-type: none"> ▪ All DSE Users | <ul style="list-style-type: none"> ▪ All DSE Users are provided with a DSE assessment. ▪ Adjustable equipment and chairs are supplied. ▪ Staff and volunteers are in charge of their own work routine and can arrange regular breaks from computer. ▪ Eye tests and special corrective appliances are provided by the Organisation. ▪ Lighting and temperature is suitably controlled. ▪ Low noise levels. | <ul style="list-style-type: none"> ▪ | |
| 8. | STRESS <ul style="list-style-type: none"> ▪ High work load | <ul style="list-style-type: none"> ▪ All employees & volunteers | <ul style="list-style-type: none"> ▪ Staff and volunteers are encouraged to report instances of verbal abuse from customers. | <ul style="list-style-type: none"> ▪ | |

| Ref | Hazard | Who Is Affected | Existing Control Measures | Additional Actions Required | Actioned Sign & Date |
|-----|--|---|---|--|----------------------|
| | <ul style="list-style-type: none"> Harassment from other colleagues or customers | | <ul style="list-style-type: none"> Bullying & harassment procedure in place. Return to work interview procedure following absence to identify any underlying issues. | | |
| 9. | KITCHEN <ul style="list-style-type: none"> Kettle Microwave Fridge Gas Boiler | <ul style="list-style-type: none"> All persons who use the staff kitchen/rest room | <ul style="list-style-type: none"> Small amount of food preparation (ready meals), but mainly drink preparation. Food and drink preparation areas are cleaned on a daily basis. All electrical equipment is regularly PAT tested. Gas boiler is kept clear of combustible materials at all times. Gas boiler is regularly serviced by competent contractor (GasSafe) on an annual basis. No items are stored on top of or closely adjacent to the boiler. | <ul style="list-style-type: none"> | |

Part 1 - Fire Hazards

Potential Ignition Sources

| Hazard | Yes/No | H.M.L Risk? | Description / Proposed action to eliminate or reduce the hazard |
|--|--------|-------------|---|
| Is smoking permitted? | | | |
| Does work involve a source of heat? e.g. welding, incineration or cooking. | | | |
| Are light bulbs or fittings near to combustible materials? | | | |
| Is there any faulty or misused electrical equipment (include wiring on machinery and the use of multi-point adaptors)? | | | |
| Risk of static electricity? | | | |
| Is heating system in a satisfactory condition & maintained? | | | |
| Are portable/radiant heaters used? | | | |
| Is there a potential for arson? | | | |
| Mechanically generated sparks or friction? | | | |
| Hot surfaces present? | | | |
| Other ignition sources? | | | |

Combustible Materials

| Hazard | Yes/No | H.M.L Risk? | Description / Proposed action to eliminate or reduce the hazard |
|--|--------|-------------|---|
| Are there highly flammable materials used or stored in the workplace (paints, thinners, adhesives, etc)? | | | |
| Flammable gases such as LPG or acetylene? | | | |
| Do walls/ceilings have combustible coverings? (i.e. decorations / displays made of hardboard, plastic tiles or flock wallpaper). | | | |
| Are flammable substances stored in appropriate containers? | | | |
| Is combustible waste correctly managed? (paper, dust, offcuts, etc). | | | |
| Are there any sources of oxygen present (oxygen cylinders or oxidizing chemicals)? | | | |

Structural Features

| Hazard | Yes/No | H.M.L Risk? | Description / Proposed action to eliminate or reduce the hazard |
|---|--------|-------------|---|
| Does the workplace include any features that could promote rapid spread of fire, heat or smoke? | | | |
| Would these features affect escape routes? | | | |
| Are there any adjacent premises or facilities that may have significant fire risk? | | | |

| Hazard | Yes/No | H.M.L. Risk? | Description / Proposed action to eliminate or reduce the hazard |
|--|--------|--------------|---|
| Are procedures in place to control any changes or the introduction of additional hazards in the workplace? | | | |

Part 2 - People at Risk

| Hazard | Yes/No | H.M.L. Risk? | Description / Proposed action to eliminate or reduce the hazard |
|--|--------|--------------|---|
| Do employees work in areas of high fire risk? | | | |
| Can all employees react quickly to a fire or an alarm? | | | |
| Do employees work alone or in remote areas? | | | |
| Are all persons made aware of the emergency procedures? E.g. visitors | | | |
| Can large numbers of people who are unfamiliar with the premises (i.e. general public) be present? | | | |
| Are any employees particularly at risk from the task they carry out? | | | |
| Are any persons with special needs at risk? | | | |
| Is provision made for those persons sleeping in the premises? | | | |

Part 3 - Evaluate Fire Measures Required

Fire Detection & Warning

| System | Yes/No/ N/A | Description / Proposed action to eliminate or reduce the hazard |
|--|------------------------|--|
| Are arrangements in place for detecting a fire? | | |
| Are arrangements in place for giving warning in case of fire? | | |
| Will the detection give sufficient early warning for people to escape? | | |
| Is automatic fire detection provided where people sleep on the premises? | | |
| Is automatic fire detection provided where fires may develop unnoticed? | | |

Means of Escape

| System | Yes/No/ N/A | Description / Proposed action to eliminate or reduce the hazard |
|---|------------------------|--|
| Do escape routes lead to a place of safety? | | |
| Are there sufficient exits for the number of people present in the workplace? | | |
| Are escape routes free of combustible items/obstructions? | | |
| Can all fire safety signs and fire exit signs be clearly seen? | | |
| Where necessary do fire exit doors open in the direction of escape? | | |
| Are all internal fire doors clearly labelled? | | |

| System | Yes/No/ N/A | Description / Proposed action to eliminate or reduce the hazard |
|--|----------------|---|
| Are corridors/staircases protected where necessary? | | |
| Are escape routes of adequate width? | | |
| Are fire doors and their self-closing devices maintained and in working order? | | |
| Taking account of reaction time, can all people get to a place of safety in two or three minutes? | | |
| Taking account of reaction time, can people in a high-risk area or with only one escape route, reach a place of safety or a point where more than one route is available, in about one minute? | | |
| Can alarm be raised without anyone being placed at risk? | | |
| Are door fastenings simple to open without the need for a key? | | |
| Where necessary do fire doors self-close? | | |
| Are escape routes adequately signed using pictograms? | | |
| Are escape routes normally adequately lit? | | |
| Where necessary is escape/emergency lighting sufficient? | | |
| Are adequate escape provisions made for people with special needs? | | |

Provision of Fire-Fighting Equipment

| Equipment | Yes/No/ N/A | Description / Proposed action to eliminate or reduce the hazard |
|--|----------------|---|
| Is there suitable & sufficient fire-fighting equipment of the correct type? | | |
| Are portable fire extinguishers, fire blankets suitably located? | | |
| Is there fire-fighting equipment sited on exit routes or adjacent to exits? | | |
| Are sufficient numbers of employees competent in the use of fire-fighting equipment? | | |
| Is fire-fighting equipment clearly visible and are fire instructions clearly displayed? | | |
| Has all fire safety equipment been regularly checked & maintained in accordance with manufacturer's recommendations? | | |

Part 4 - Records and Emergency Plan**Fire Emergency Plan & Training**

| Emergency Plan Content | Yes/No | Description / Proposed action to eliminate or reduce the hazard |
|---|---------------|--|
| Are there arrangements for calling the fire brigade? | | |
| Evacuation procedures for all staff? | | |
| Evacuation procedures for the disabled? | | |
| Liaison with emergency services? | | |
| Has information been provided to the emergency services regarding rescue & fire fighting (in respect of any special risks involved in the workplace)? | | |
| Is training carried out regarding the fire emergency plan? | | |
| Evacuation muster points? | | |
| Persons detailed to ensure buildings/sites are clear? | | |
| Persons detailed to ensure a roll call is taken at muster point? | | |
| Person detailed to take visitor's book (if applicable)? | | |
| Has diagram(s) of the workplace been completed showing: 1. Essential structural features 2. Fire fighting equipment 3. Fire alarm points 4. Location of control valves for fire systems 5. Location of main services shut-off valves 6. Escape routes and signs | | |

Part 5 Review Assessment

| | |
|---|--|
| Frequency of assessment review: | |
| Changes in the workplace which will require a revision of this assessment: | |
| Procedure in place to ensure a review of assessment on change of circumstances: | |
| Date of next assessment: | |

Accident / Injury Investigation Form

SECTION A (be filled in by either or jointly by the person involved in the accident/incident, and a Manager or First-Aider or the Safety Appointed Person).

| | | | |
|--|--|-------------|--|
| Name of person completing this report | | | |
| Signature | | Date | |

| | | |
|---|--|--|
| Date & time of incident | | |
| Location | | |
| Person injured/involved | Full name | |
| | Address | |
| | Tel No. | |
| | Status (employee, sub-contractor, public, work experience, other) | |
| | Job title | |
| | Contracting company details (for contractor) | |
| About the injury (if injury sustained) | Nature of injury (e.g. cut, fracture) | |
| | Part of body injured (e.g. finger, head) | |
| | First aid treatment given | |
| | Any further details of treatment given, e.g. hospital | |
| | Details of any property damaged | |

| | | |
|--|---|--|
| What happened | Describe fully the accident and how it occurred. Where relevant describe events that led to accident and give details of any plant, equipment or substances in use at the time of the accident/incident. Show diagrams and provide additional information on a separate sheet if necessary. | |
| Names & addresses of witnesses present (if any) | Full name | |
| | Address | |
| | Tel No. | |
| Names & addresses of witnesses present (if any) | Full name | |
| | Address | |
| | Tel No. | |

SECTION B (be filled in by a Manager or the Safety Appointed Person)

| | |
|--|--|
| Has RIDDOR been notified? (if so, enter reference) | |
| Insurance claim reference (if applicable) | |
| What action is needed and will be undertaken to prevent a recurrence? | |
| Manager Signature | |
| Date | |

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Fire Alarm Test Record

To be conducted weekly.

| Date | Manual Call Point (Break Glass) | | | Comments / Action Required | Signature of person conducting test | Actioned (Sign & Date) |
|------|---------------------------------|----------|-----------------------|----------------------------|-------------------------------------|------------------------|
| | Fire Alarm Break Glass No. | Location | Working / Not Working | | | |
| | 1 | | | | | |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | 6 | | | | | |
| | 7 | | | | | |
| | 8 | | | | | |
| | 9 | | | | | |
| | 10 | | | | | |
| | 11 | | | | | |
| | 12 | | | | | |

Emergency Light Test Record

Date:

To be conducted monthly.

| Emergency Light | | | Comments / Action Required | Signature of person conducting test | Actioned (Sign & Date) |
|---------------------|----------|-----------------------|----------------------------|-------------------------------------|------------------------|
| Emergency Light No. | Location | Working / Not Working | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |

Fire Evacuation Record

To be carried out in 6 monthly intervals.

| Date of Evacuation | Real Fire | Fire Drill | Time taken to evacuate | Comments / Details of non-conformances <ul style="list-style-type: none">▪ Blocked fire exits▪ Failure to evacuate▪ Persons not clocked in/out | Signature of Responsible Person |
|---------------------------|------------------|-------------------|-------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DSE User Assessment Questionnaire

DSE User Name: _____

DSE User Signature: _____ Date: _____

| Type of Assessment | Tick | Relevant Sections |
|--------------------|--------------------------|---|
| Laptop Computer | <input type="checkbox"/> | Complete all sections |
| Desktop Computer | <input type="checkbox"/> | Complete all sections <u>except</u> section 'A' |

| A | Laptop Computer | Not Req'd | Yes | No |
|--|--|--------------------------|--------------------------|--------------------------|
| A1 | Has a Docking station / stand been provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | Is a separate keyboard provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | Is a separate mouse provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Guidance/Points to Consider</u> | | | | |
| <ul style="list-style-type: none"> If you use the Laptop for more than 2 hours per day on the desk, then consider using a Docking station/stand, separate keyboard & mouse. | | | | |
| <u>Actions Required / Comments</u> | | | | |
| | | | | |

| B | Health | Yes | No |
|--|--|--------------------------|--------------------------|
| B1 | Do you suffer from any discomfort when using Display Screen Equipment? If so, enter details below. | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | Do you have any other pre-existing health conditions likely to be affected by using DSE? If so, enter details below. | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Guidance/Points to Consider</u> | | | |
| <ul style="list-style-type: none"> Typical symptoms include; <ul style="list-style-type: none"> neck pain, back pain, shoulder pain, elbow pain, wrist pain eye strain Ensure you notify your manager or another responsible person if you suffer any discomfort in the future. | | | |
| <u>Actions Required / Comments</u> | | | |
| | | | |

| C | Workdesk / Worksurface / Workspace | Yes | No |
|---|--|--------------------------|--------------------------|
| C1 | Is there adequate free space on the desktop necessary for you to conduct your work comfortably? | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 | Is there adequate legroom below the desktop to allow correct posture? | <input type="checkbox"/> | <input type="checkbox"/> |
| C3 | Are you able to comfortably reach other office equipment on your desk, e.g. use phone without excess reaching, stretching or twisting? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Guidance/Points to Consider</u> <ul style="list-style-type: none"> Work surface should be clear to allow appropriate use of DSE (correct placement of screen, keyboard, mouse, easy reading of documentation). You should be able to move around free of obstructions, including clear access for legs under the desk. | | | |
| <u>Actions Required / Comments</u> | | | |

| D | The Monitor / Screen | Yes | No |
|---|--|--------------------------|--------------------------|
| D1 | Is the monitor situated directly in front of you at a comfortable distance & height? | <input type="checkbox"/> | <input type="checkbox"/> |
| D2 | Can the monitor tilt upwards & downwards? | <input type="checkbox"/> | <input type="checkbox"/> |
| D3 | Are you familiar with the adjustable brightness, contrast and colour controls? | <input type="checkbox"/> | <input type="checkbox"/> |
| D4 | Is the screen free of any reflections and/or glare? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Guidance/Points to Consider</u> <ul style="list-style-type: none"> Monitor should be situated directly in front of you to avoid twisting. Top of monitor should ideally be at forehead height to avoid excessive bending of the neck. Monitor must be situated at a point on the desk for you to read without having to strain eyes or lean forwards. Monitor needs to be able to swivel/tilt in order to avoid reflections/glare. You should be familiar with brightness/colour controls. Window blinds should be provided if the outside light causes reflections or glare. Consider relocation of monitor if reflections or glare cannot be avoided. | | | |
| <u>Actions Required / Comments</u> | | | |

| E | The Keyboard | Yes | No |
|--|--|--------------------------|--------------------------|
| E1 | Is the keyboard situated directly in front of you? | <input type="checkbox"/> | <input type="checkbox"/> |
| E2 | Can the keyboard be pulled close to you in order to avoid stretching arms? | <input type="checkbox"/> | <input type="checkbox"/> |
| E3 | Can the keyboard be tilted on short legs at the rear? | <input type="checkbox"/> | <input type="checkbox"/> |
| E4 | Are the key symbols adequately readable? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Guidance/Points to Consider</u> | | | |
| <ul style="list-style-type: none"> ▪ <i>Keyboard should be situated directly in front of you to avoid twisting.</i> ▪ <i>Keyboard must be near to the desk edge to avoid stretching arms. Upper arms should be touching the body with elbows at roughly 90°.</i> ▪ <i>Keyboard to be tilted, with clear symbols to assist easy reading of keys.</i> | | | |
| <u>Actions Required / Comments</u> | | | |
| | | | |

| F | The Mouse | Yes | No |
|--|--|--------------------------|--------------------------|
| F1 | Is the mouse comfortable to use and considered suitable for the type of work involved? | <input type="checkbox"/> | <input type="checkbox"/> |
| F2 | Is the mouse situated close enough to you in order to avoid stretching arms? | <input type="checkbox"/> | <input type="checkbox"/> |
| F3 | Does the mouse adequately control the cursor on the screen? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Guidance/Points to Consider</u> | | | |
| <ul style="list-style-type: none"> ▪ <i>Notify your manager if you suffer from any hand pain when holding the mouse. If so, consider an alternative mouse design.</i> ▪ <i>Mouse must be near to the desk to avoid stretching arms (elbows 90°).</i> ▪ <i>If the mouse uses a ball, it may accumulate dirt which stops the ball from correctly moving the screen cursor – regular cleaning is therefore required.</i> | | | |
| <u>Actions Required / Comments</u> | | | |
| | | | |

| G | Work Chair | Yes | No |
|--|---|--------------------------|--------------------------|
| G1 | Does the chair swivel? | <input type="checkbox"/> | <input type="checkbox"/> |
| G2 | Does the chair have castors/wheels fitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| G3 | If the chair has arms fitted, do these allow adequate access to the desk? | <input type="checkbox"/> | <input type="checkbox"/> |
| G4 | Is the seat height adjustable? | <input type="checkbox"/> | <input type="checkbox"/> |
| G5 | Is the backrest height adjustable? | <input type="checkbox"/> | <input type="checkbox"/> |
| G6 | Do you understand how to adjust your chair? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><u>Guidance/Points to Consider</u></p> <ul style="list-style-type: none"> ▪ <i>If the chair has arms, check that these do not restrict access to the desk. You need to be able to sit close to the desk to ensure arms do not have to stretch to reach the keyboard.</i> ▪ <i>Correct height of chair should allow elbows to be same level or slightly higher than the desk.</i> ▪ <i>Sit upright, with lumbar support pressing into your back.</i> ▪ <i>Ask your manager for advice if you do not know how to adjust your chair.</i> | | | |
| <p><u>Actions Required / Comments</u></p> | | | |

| H | Ancillary Equipment | Not Req'd | Yes | No |
|----------|---------------------------------------|--------------------------|--------------------------|--------------------------|
| H1 | Adjustable document holder required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H2 | Foot-rest required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H3 | Wrist-rest required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H4 | Mouse pad (with wrist rest) required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H5 | Desk lamp required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Guidance/Points to Consider

- Try to avoid placing documents in front of keyboard which will cause you to stretch your arms.
- Foot rest required only if you cannot place both feet flat on the floor.
- Wrist rest will help straighten the wrists when typing (reduces risk of wrist conditions, e.g. carpal tunnel syndrome, tenosynovitis).
- Mouse pad (with wrist rest) will provide support to wrist when holding mouse continuously.
- Desk lamp may be useful if additional light is required for reading documents.

Actions Required / Comments

| I Eye Sight | | Yes | No |
|--------------------|--|--------------------------|--------------------------|
| I1 | Can you read the screen comfortably? | <input type="checkbox"/> | <input type="checkbox"/> |
| I2 | Have you had an eyesight test within the last 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| I3 | Are you aware of the Organisations Policy regarding eye tests and glasses? | <input type="checkbox"/> | <input type="checkbox"/> |

Guidance/Points to Consider

- It is recommended that you have an eye test at least every 2 years.
- The Organisation will provide free eye tests, and contribution towards glasses if required for reading the screen.
- If you already wear glasses, then the Organisation will pay towards future glasses if the prescription changes.

Actions Required / Comments

| J Other Issues | | Yes | No |
|-----------------------|---|--------------------------|--------------------------|
| J1 | Are you able to organise your work so as to ensure adequate screen-breaks? | <input type="checkbox"/> | <input type="checkbox"/> |
| J2 | Do you consider the work environment is quiet enough to avoid distractions/loss of concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| J3 | Is the working temperature comfortable? | <input type="checkbox"/> | <input type="checkbox"/> |
| J4 | Do you understand how to use the software correctly? | <input type="checkbox"/> | <input type="checkbox"/> |
| J5 | Are there any other issues you would like to highlight concerning the use of your DSE? | <input type="checkbox"/> | <input type="checkbox"/> |

Guidance/Points to Consider

- *Try to take regular breaks from the screen – at least 5 minutes every hour.*
- *Typical office temperature should be around 20-21°c.*
- *Speak to your manager if you are not familiar with the software, to arrange further support/instruction.*

Actions Required / Comments

Office Use Only

Further action required: Yes No

If yes, provide details:

| <u>Section</u> | <u>Action</u> | <u>Manager sign to confirm action completed</u> |
|-----------------------|----------------------|--|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |

Contractor Questionnaire

As part of our safety management records, we request that all contractors who provide a service to us, or work on our behalf, complete the questionnaire below. Please complete all sections relevant to your business, marking N/A if not applicable.

If you have difficulty in completing the attached form, then please contact me and I will be happy to advise you.

Return all paperwork to:

[Contact Name]
[Organisation]
[Address]

or via email to: [Email]

Thank you.

[Name]
[Organisation]

Company Details

| | | | |
|---|--|---------------|--|
| Company Name | | | |
| Address | | | |
| Name & Job Title of person completing this form | | Telephone No. | |
| | | Email Address | |

Services Provided

| |
|---|
| Details of the nature of work you can carry out |
|---|

Liability Insurance

Please provide details of all relevant insurance cover, and provide copies of your current insurance certificates.

| | Name of Insurer & Policy No. | Limit of Indemnity | Renewal Date |
|----------------------|------------------------------|--------------------|--------------|
| Employer's Liability | | | |
| Public Liability | | | |
| Products Liability | | | |
| | | | |

| | | | |
|--|--|----------------------|--|
| Contractors All Risks | | | |
| Professional Indemnity (min £1 million) | | | |
| Trade Body Membership | | | |
| Please provide details of membership of industry trade bodies or other organisations you are registered with that can verify your competence (we will contact the Trade Body to confirm) to undertake your work e.g. Gas Safe, NICEIC, | | | |
| Trade Body | | Membership No | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|----------|
| Health & Safety | |
| For SSIP Accredited companies only: If you are approved under a SSIP Registered scheme you can provide us with your registration number, and skip the remaining health & safety questions. | |
| SSIP Scheme Registration Number: | |
| <i>Only answer the following H&S questions if you are not approved under a SSIP Registered scheme.</i> | |
| Do you have a H&S Policy in place? It is a legal requirement in the UK for all organisations to have a written Health and Safety Policy if 5 or more people are employed. | YES / NO |
| Please confirm your organisation has procedures in place for the management and monitoring of H&S including, risk assessments, PPE, RIDDOR, COSHH, First Aid, etc. | YES / NO |
| Has your company or any individuals employed by your company been prosecuted for any breach of H&S legislation in the last 5 years? If yes, please provide further details on a separate sheet. | YES / NO |
| Please provide details of the qualifications your employees hold relevant to the services your organisation provide. (Please provide copies of certificates/ID Cards). | |
| | |

Declaration Statement

I certify the information provided in this questionnaire is to the best of my knowledge correct and agree to notify of any significant changes to the information given.

| | | | |
|--------------------|--|------------------|--|
| Signature: | | Date: | |
| Print Name: | | Position: | |

| 1. Display Screen Equipment (DSE) | | Yes/No | Further Action Required / Comments |
|--|---|---------------|---|
| 1.1 | Does the employee use a computer for long periods of time? | | |
| 1.2 | Is the DSE work equipment and furniture such as the chair, suitable and comfortable for the employee? | | |
| 1.3 | Has a DSE risk assessment been completed for the employee? | | |

| 2. Driving (Occupational Road Risk) | | Yes/No | Further Action Required / Comments |
|--|--|---------------|---|
| 2.1 | Does the employee do a lot of driving as part of their job, such as to make home visits to clients or visiting other workplace establishments? | | |

| 3. Lone Working | | Yes/No | Further Action Required / Comments |
|------------------------|--|---------------|---|
| 3.1 | Does the employee work alone in the building or out on site work? | | |
| 3.2 | Are control measures in place for lone working? Such as panic alarms, buddy systems? | | |

| 4. Manual Handling | | Yes/No | Further Action Required / Comments |
|---------------------------|--|---------------|---|
| 4.1 | Is the employee expected to carry or move heavy loads? | | |
| 4.2 | Is the employee expected to carry or move children/people? | | |
| 4.3 | Is the employee aware of safe moving and handling techniques? | | |
| 4.4 | Has a moving and handling risk assessment been completed for the employee? | | |

| | | | |
|-----|--|--|--|
| 4.5 | Does the employee experience backache associated with moving and handling activities and poor work postures? | | |
|-----|--|--|--|

| 5. Physical Agents | | Yes/No | Further Action Required / Comments |
|--------------------|--|--------|------------------------------------|
| 5.1 | Is the employee exposed to whole body vibration? (from machinery) | | |
| 5.2 | Is the employee exposed to excessive noise? (such as noisy machinery) | | |
| 5.3 | Is the employee expected to work in awkward/confined spaces? | | |
| 5.4 | Is the employee exposed to extremes of cold, heat or humidity? | | |
| 5.5 | Does the employee have to sit or stand for long periods of time? | | |

| 6. Slips, Trips and Falls | | Yes/No | Further Action Required / Comments |
|---------------------------|--|--------|------------------------------------|
| 6.1 | Is the employees work area free from slips, trips and fall hazards? (Such as trailing wires, uneven flooring, spilt substances?) | | |

| 7. Violence and Aggression | | Yes/No | Further Action Required / Comments |
|----------------------------|---|--------|------------------------------------|
| 7.1 | Is the employee exposed to potentially violent situations from people or animals? | | |

| 8. Welfare | | Yes/No | Further Action Required / Comments |
|-------------------|---|---------------|---|
| 8.1 | Is there a rest room or a suitable area for the employee to rest? | | |
| 8.2 | Has the employee received any advice from the doctor or midwife that has any bearing on her role? | | |
| 8.3 | Are there any other specific welfare issues mentioned by employee? | | |
| 8.4 | Is the employee allowed regular breaks? | | |
| 8.5 | Is the employee allowed to take a comfort break when needed? | | |
| 8.6 | Does the employee suffer from morning sickness? This may be relevant where early morning work is required, or where there may be exposure to nauseating smells. | | |
| 8.7 | The employee's posture is also significant if varicose veins and/or haemorrhoids develop – the latter also being linked with a hot work environment. | | |

| 9. Working at Height | | Yes/No | Further Action Required / Comments |
|-----------------------------|---|---------------|---|
| 9.1 | Does the employee have to carry out any work that requires them to work from height? (Such as putting up displays, ladder use). | | |

| 10. Stress at Work | | Yes/No | Further Action Required / Comments |
|---------------------------|--|---------------|---|
| 10.1 | Is the employee exposed to undue stress? | | |

| 11. Biological | | Yes/No | Further Action Required / Comments |
|-----------------------|--|---------------|---|
| 11.1 | Is the employee exposed to any infectious hazards or diseases | | |
| 11.2 | Is the employee exposed to any bodily fluids? (Protective gloves should be worn) | | |

| 12. Chemical Agents | | Yes/No | Further Action Required / Comments |
|----------------------------|--|---------------|---|
| 12.1 | Is the employee exposed to any chemical agents? (Check COSHH risk assessments and chemical datasheets) | | |
| 12.2 | Is the employee exposed to cigarette smoke? | | |
| 12.3 | Is the employee exposed to Ionising Radiation? (Work procedures should be designed to keep exposure of the pregnant woman as low as reasonably practicable and certainly below the statutory dose limit for pregnant women.) | | |

| 13. Any other issues | | Yes/No | Further Action Required / Comments |
|-----------------------------|--|---------------|---|
| | | | |

Young Person - Risk Assessment

Name of Person conducting Risk Assessment:

Date:

Young Person / Special Needs Details

Name:

Date of Birth:

Parent/Guardian Name:

Tel no:

Address:

Does the Person have any special needs?

School Details (if applicable)

School Name:

Tel:

Address:

Contact Person:

Individual(s) responsible at the Organisation for supervising the Person

Contact Person:

1. Activities the person will be involved in:

2. Risks/Hazards associated with activities (please circle).

Slips, trips, falls Machinery/Equipment Noise/Vibration

Electrical

Manual handling Falls from height Hazardous substances

Moving vehicles Fire

Please note any other risks / hazards not listed:

3. Control Measures

3.1 Additional control measures beyond existing control measures specific to the person:

3.2 Supervision Arrangements:

3.3 Personal Protective Equipment / Clothing required:

3.4 Prohibited Activities:

Signature of Assessor:

Date:

Copy to be returned to, and counter signed by Insert Name (Manager)