**GMB London Region General Risk Assessment Form** – please complete and return to Peter Hall

Table A

|  |  |  |  |
| --- | --- | --- | --- |
| **Location/Department** |  | **Ref. No** 000 |  |
| **Date** |  | | |
| **Task / activity / process / workplace / equipment being assessed** | | | |
|  | | | |

Table B

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **People at risk** (please indicate numbers at risk) | | | | | | | | |
| **General** | | | | | **Specific** | | | |
|  | 1. Employees/staff |  | 5. Customers |  | 9. New & expectant mothers |  | 13. Shift/night workers |  |
| 2. Co-workers |  | 6. Clients |  | 10. Young persons |  | 14. Temporary/volunteer workers |  |
| 3. Public |  | 7. Patients |  | 11. Mobile workers |  | 15. Homeworkers |  |
| 4. Pupils/students |  | 8. Service users |  | 12. Disabled people |  | 16. Visitors |  |
| Others: Contractor | | | | | | | |

Table C

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazards** (please tick all that apply) | | | | | | | | | | | | | |
| **Workplace** | | | | | | **Work equipment** | | **Occupational health** | | | | **Specific activities** | |
| Structure |  | Access / egress |  | Storage |  | Mechanical |  | Manual handling |  | Vibration |  | Working alone |  |
| Services |  | Housekeeping |  | Glazing |  | Lifting |  | Noise |  | Violence & aggression |  | Working at height |  |
| Security |  | Welfare |  | Temperature |  | Electrical |  | Chemicals agents |  | Stress |  | Confined spaces |  |
| Signage |  | Transport |  | Lighting |  | Pressure |  | Biological agents |  | Dusts & particles |  | Working near or over water |  |
| External Conditions |  | Space |  | Ventilation |  | Thermal |  | Radiation |  | Temperature extremes |  | Fieldwork |  |
| Fire & Explosion |  |  |  |  |  | Dangerous substances |  | Animals |  | Hot Work |  |

Table D

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Hazard** | | **Existing control measures** | **Initial risk**  **H / M / L** | **Adequately controlled** |
| List significant steps  in activity | Describe all hazards identified and their effects for each task | People at Risk | Describe fully all controls applicable for each hazard. All controls must be valid in that they reduce severity, likelihood, or both. | Classify risk rating from matrix for each hazard | Yes/No |
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Table E

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| --- | --- | --- | --- |
| **Additional control measures to reduce the risk** | **Person responsible** | **Completion date** | **Residual risk**  **H, M, L** |
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Table F

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| **Recommendations** | | | | |
| Is a safe system of work required? |  |  | Is a detailed risk assessment required? | |
| Is a Standard Operating Procedure required? |  |  | Workplace |  |
| Is further information required? |  |  | Work equipment |  |
| Will this activity require a rermit to work system? |  |  | Materials/substances (COSHH) |  |
| Additional Comments/Observations: | | | Manual handling |  |
| Display Screen Equipment |  |
| Noise |  |
| Fire |  |
| Other: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Risk Assessment Circulation list (please tick as appropriate | | | | | |
| Employees |  | Management |  | Contractors |  |
| Other – Specify: |  | | | | |
| Assessor: |  | | Signature: |  | |
| Date Assessed: |  | | Review Timescale: |  | |

**Guidance on completing the General Risk Assessment Form**

**Table A**

**Activity Assessed**: Describe the activity that is being assessed e.g. floor cleaning, operation of a machine; maintenance activities etc.

**Location:** Describe the location of the activity.

**Table B**

**Those affected**: Any person who may be affected by the work must be identified. Should there be categories of persons not listed, enter them in the boxes provided.

**Table C**

**Hazards**: Identify the hazards inherent to the activity being assessed, by putting crosses in the appropriate boxes. The list provided is not comprehensive. Should there be hazards that are not listed then enter them in the boxes provided.

**Note**: The definition of a **HAZARD** is:- something with the potential to cause harm.

**Table D**

**Hazards:** List the hazards identified in Table C.

**Existing Control Measures**: Outline the existing measures which will reduce the risk arising from each of the hazards listed. Check that they meet legal requirements, industry standards and represent good practice. Typical control measures include: safe design; preventing access to the hazard e.g. guarding; written procedures and instructions; training; provision of PPE etc.

**Risk**

Assess the risks arising from the hazards identified, using the criteria set out below. Consideration must be given to what is reasonably foreseeable in relation to the identified hazards and recognition of any existing control measures that reduce the risk. Enter the appropriate letter, L for low, M for medium or H for high. If the overall risk category is low, then the assessment is complete and the form circulated to those affected. However if the overall risk category is medium or high then Additional Control Measures are required (see below).

**Note**: The definition of a **RISK** is:- the likelihood that harm from a particular hazard will occur and the consequences.

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| --- | --- | --- | --- |
|  | **Likelihood** | | |
| **Severity** | **Certain or near certain to occur** | **Reasonably likely to occur** | **Unlikely to occur** |
| Fatality; major injury or illness causing long term disability | HIGH | HIGH | LOW |
| Injury or illness causing short term disability | HIGH | MEDIUM | LOW |
| Other injury or illness | MEDIUM | LOW | LOW |
|  | **Consequence** | | |

**Table E**

**Additional Control Measures:**

Additional control measures that will reduce the risks further should be noted. For example, elimination of the hazard should be considered first. If this is not possible, then try to reduce the risk e.g. risks from electrical hazards might be reduced by using low voltage electrical appliances. Also consider: safer design; additional guards; additional procedures and instructions; increased supervision; personal protective equipment (PPE). The completion date for the introduction of each additional control measure should be noted.

**Residual Risk**:

Taking into account the existing and additional control measures enter the appropriate letter, L for low, M for medium or H for high. If the residual risk category is low, then the assessment is complete and the information should be disseminated to those affected. If the overall risk is **medium** then additional control measures should be introduced within the completion date period and the information contained within the assessment disseminated to those affected. If the Residual Risk remains **high,** work **must not** proceed and the risks arising out of the hazards re-assessed to identify further risk reduction measures.

**Table F**

Identify any further requirements that need to be actioned to further reduce risk!