Area Health and Safety Risk Assessment Form (RA1)

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| **School/Service/Department:** |  |
| **Assessment Reference No.** |  |
| **Assessment date:** |  |
| **Area or activity assessed:***Please make sure this adequately describes the area/activity that you are assessing* |  |

| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Do you need to do anything else to manage this risk?** | **Action by whom?** | **Action by when?** | **Done** |
| --- | --- | --- | --- | --- | --- | --- |
| *e.g. Slips and trips* | *Staff and visitors may be injured if they trip over objects or slip on spillages* | *e.g. We carry out general good housekeeping. All areas are well lit. There are no trailing leads or cables. Staff keep work areas clear, no boxes left in walkways, deliveries stored immediately* | *e.g. provide blue towel closer to the water cooler for clearing up spills* | *JEF to book a Wren* | *01/10/20xx* | *01/10/20xx* |
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| **Name of Assessor(s):** |  | Number of continuation sheets used: |
| **Department:** |  |
| **Review Date:** |  |