Risk Assessment Template

Risk Matrix and Rating Guidance:

The assessor shall assign values for the hazard severity **(a)** and likelihood of occurrence **(b)** (taking into account the frequency and duration of exposure) on a scale of 1 to 5, then multiply them together to give the rating band:

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| Hazard Severity (a) | Likelihood of Occurrence (b) |
|
| 1 – Trivial (e.g. discomfort, slight bruising, self-help recovery)**2 – Minor** (e.g. small cut, abrasion, basic first aid need)**3 – Moderate** (e.g. strain, sprain, incapacitation > 3 days)**4 – Serious** (e.g. fracture, hospitalisation >24 hrs, incapacitation >4 weeks)**5 – Fatal** (single or multiple) | **1 – Remote** (almost never)**2 – Unlikely** (occurs rarely)**3 – Possible** (could occur, but uncommon)**4 – Likely** (recurrent but not frequent)**5 – Very likely** (occurs frequently) |

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| **Risk Assessment Matrix** |  | **Risk Rating Bands (A x B)** |
| **(B)🡳 (A)🡲** | **Trivial** | **Minor** | **Moderate** | **Serious** | **Fatal** |  | **LOW RISK****(1 – 8)** | **MEDIUM RISK****(9 - 12)** | **HIGH RISK****(15 - 25)** |
| **Remote** | **1** | **2** | **3** | **4** | **5** |  |  |  |  |
| **Unlikely** | **2** | **4** | **6** | **8** | **10** |  | Continue, but review periodically to ensure controls remain effective | Continue, but implement additional reasonably practicable controls where possible and monitor regularly | **STOP THE ACTIVITY**Identify new controls. Activity must not proceed until risks are reduced to a low or medium level |
| **Possible** | **3** | **6** | **9** | **12** | **15** |  |
| **Likely** | **4** | **8** | **12** | **16** | **20** |  |
| **Very likely** | **5** | **10** | **15** | **20** | **25** |  |

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| Risk Assessment Record |
| Risk Assessment Title: COVID-19 room/space Risk Assessment- No: 13 | Date Produced: 08/080/2021 | Review Date:  |
| Overview/Description of Activity: Measures to be put in place to ensure safe during the pandemic  | Duration/Frequency of Activity: NA |
| Location of Activity: Edge Indivigual Practice rooms *(See SU spaces confirmed guidance Aug 21 for list of offices)*  | Generic or Specific Assessment: Generic – to be tailored by owner and read in conjunction with existing task risk assessments.  |

| # | Hazard(s) identified | Who might be affectedand how | Existing controls & measures | Severity (a) | Likelihood (b) | Risk Rating (a x b) | Additional control/action required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Airborne transmission of virus through close contact  | Any person working within or visiting the office | * Maximum occupancy level defined by Estates’ ventilation assessment
* Reduce occupancy level in line with available equipment
* Staff and student’s with symptoms should not come to campus and follow reporting procedures.
 | 4 | 3 | 12 |  |
| 2 | Surface transmission of virus | Any person working within or visiting the office | * Regular cleaning of room by AHS.
* Cleaning materials provided within office (approved by Estates)
* Occupant to keep equipment and instruments clean with approved materials
* Individuals to wash hands at nearest washroom or use personal hand sanitiser before entering
* Occupant to stay within their designated area.
* Provision of hand sanitiser at common area facilities i.e. facility entrance
* Reduce need to share instruments and music sheets or other materials.
 | 4 | 3 | 12 |  |
| 3 | Airborne transmission of virus through lack of ventilation | Any person working within or visiting the office | * Maximum occupancy level defined by Estates’ ventilation assessment
* Reduce occupancy level of office including use activity risk assessment and room booking system
* Additional natural ventilation such as opening windows (and doors if necessary) to be implemented
 | 4 | 3 | 12 |  |



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| Assessor signature:P.Hawker | Print name:Polly Hawker | **Date:**09-09-21 |

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| Risk Assessment Action Plan |
| Hazard No.  | Action to be taken | By whom | Target date | Review date | Outcome at review date |
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| Responsible manager’s signature: Print name:Date: | Responsible manager’s signature:Print name:Date |

Risk Assessment Sign-On Sheet

**Sign on Sheet to acknowledge understanding of Risk Assessment:**

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| **Names and Signatures of other workers/researchers/PG/UG students***All others undertaking the process described must signify that they understand the hazards and risks.* |
| Print name: | Signature: | Date: |
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