

General Risk Assessment Form (Risk Matrix)

All risk assessments must comply with our Identification of our Hazards and Risk Assessment Procedure, risk controls measures must be applied in accordance with our Determination of Controls Procedure and this form must be filed and distributed in accordance with Health and Safety Protocols.

A

Location/Department:		Ref. No:	
Date:			
Task / Activity / Process / Workplace / Equipment Being Assessed:			

B People / Persons at Risk – Numbers at risk

General				Specific - Vulnerability			
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 / Residents		12. Disabled People		16. Visitors	
Others:							

C Hazards

Workplace				Work Equipment		Occupational Health				Specific Activities/Situations			
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		Temp Extremes		Fieldwork	
		Fire & Explosion						Dangerous Substances		Animals		Hot Work	

Others – Specify:

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E

Additional Control Measures To Reduce the Risk	Person Responsible	Completion Date	Residual Risk H, M, L

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F

Recommendations				
Is a Safe System of Work Required?	Yes	No	Specify any Detailed Risk Assessments Required	
Is a Standard Operating Procedure required?	Yes	No	Workplace	
Is further information required	Yes	No	Work Equipment	
Will this activity require a Permit to Work system?	Yes	No	Materials/Substances - COSHH	
Additional Comments/Observations:			Manual Handling	
			Display Screen Equipment	
			Noise	
			Fire	
			Other:	

Risk Assessment Circulation list (tick box)				
Employees		Management		Contractors
Other – Specify:				
Assessor:			Signature:	
Date Assessed:			Review Timescale:	

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Guidance on Completing the General Risk Assessment Form (Risk Matrix)

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 exhaustive. 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 – the definition of a RISK is ‘the likelihood that harm from a particular hazard will occur and the consequences’.

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, Low, Medium or 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).

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Risk Matrix	Likelihood		
Severity	Certain or near certain to occur	Reasonably likely to occur	Unlikely to occur
Fatality or major injury or illness causing long term disability	HIGH	HIGH	MEDIUM
Injury or illness causing short term disability	HIGH	MEDIUM	LOW
Other injury or illness	MEDIUM	LOW	LOW
RISK			

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, in order, safer design, additional guards, additional procedures and instructions, increased supervision and 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, Low, Medium or 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.

This risk assessment should be filed / distributed in accordance with Health and Safety Protocols