



Wolfson College Task / Area Specific Risk Assessment F1

Assessment Ref		Location/Dept:	
Assessment date:		Assessor's name:	
Manager/Supervisor:		Next review date:	
Brief Description of Task/Area			
To be read and followed in conjunction with any other Risk Assessments, Policies or Procedures; list them here			

Hazard Category and Description e.g. trip, falling objects, fire, explosion, noise, violence etc.	Persons affected and how	Existing Control Measures e. g. Guards, Safe Systems of Work, Training, Instruction, Authorised Users, Competent Persons, Personal Protective	A. Severity of injury (1 to 5)	B. Likely Occurrence (1 to 5)	Risk Rating (A) x (B)	Further Measures Needed	A. Severity of injury (1 to 5)	B. Likely Occurrence (1 to 5)	Risk Rating (A) x (B)	Further measures to be completed when and by whom

Hazard checklist

The definition of a hazard is "something that has the potential to cause harm" including ill health, injury, loss of product and/or damage to plant and property.

Below is a list of hazards that may be present and may be of assistance in identifying hazards in your task or area. Although not an exhaustive list, please place an **X** in the box if you think the hazard exists in the activity and/or environment and insert in the Description and Location of Hazard Section of the form. Also, include any additional hazards identified and not highlighted below.

a. Condition of the:	Floor.	<input type="checkbox"/>	Stairs.	<input type="checkbox"/>	Furniture.	<input type="checkbox"/>
b. Extremes of:	Light.	<input type="checkbox"/>	Noise.	<input type="checkbox"/>	Humidity / temperature.	<input type="checkbox"/>
c. Abnormal levels of:	Dust.	<input type="checkbox"/>	Fumes / aerosols.	<input type="checkbox"/>	Smells.	<input type="checkbox"/>
d. Animals:	Kicking / scratching.	<input type="checkbox"/>	Biting.	<input type="checkbox"/>	Crushing.	<input type="checkbox"/>
e. Flammables:	Solvents.	<input type="checkbox"/>	Paper / board.	<input type="checkbox"/>	Wood.	<input type="checkbox"/>
f. Radiation:	X-ray / radioactivity.	<input type="checkbox"/>	Ultraviolet.	<input type="checkbox"/>	Laser.	<input type="checkbox"/>
g. Equipment training:	Inadequate training.	<input type="checkbox"/>	No training.	<input type="checkbox"/>	Needs re-training.	<input type="checkbox"/>
h. Equipment:	Sparks / generates static.	<input type="checkbox"/>	Has a flame.	<input type="checkbox"/>	Uses flammable liquids.	<input type="checkbox"/>
i. Electrical equipment:	Damaged / exposed wires	<input type="checkbox"/>	Trailing leads / adapters.	<input type="checkbox"/>	PAT tested.	<input type="checkbox"/>
j. Equipment with:	Sharp / fast moving parts	<input type="checkbox"/>	Emergency cut out.	<input type="checkbox"/>	Extreme temperatures.	<input type="checkbox"/>
k. Manual handling:	Dragging/moving/lifting.	<input type="checkbox"/>	Heavy.	<input type="checkbox"/>	Awkward.	<input type="checkbox"/>
l. Vehicles:	Buggies.	<input type="checkbox"/>	Passenger.	<input type="checkbox"/>	Lorries/vans.	<input type="checkbox"/>
m. Pressure systems:	Autoclaves.	<input type="checkbox"/>	Gas cylinders.	<input type="checkbox"/>	Liquefied gases.	<input type="checkbox"/>
n. Word processing / computing.	DSE/VDU.	<input type="checkbox"/>	Program / software.	<input type="checkbox"/>	Workstation.	<input type="checkbox"/>
o. Working:	Lone-working.	<input type="checkbox"/>	Over-crowding.	<input type="checkbox"/>	Housekeeping - bench / floor.	<input type="checkbox"/>
p. Working:	Above 2m off ground.	<input type="checkbox"/>	On ladders / scaffolds.	<input type="checkbox"/>	Below ground level.	<input type="checkbox"/>
q. WRULD – work related upper limb disorders	RSI – keyboard, pipette.	<input type="checkbox"/>	Hand Arm Vibration.	<input type="checkbox"/>		<input type="checkbox"/>
r. Outside buildings, roads	Falling objects.	<input type="checkbox"/>	Swinging doors	<input type="checkbox"/>	Obstructions / low beams.	<input type="checkbox"/>
s. Infectious Diseases	COVID-19 / Flu	<input type="checkbox"/>	Ebola / Hemorrhagic Fever	<input type="checkbox"/>	HIV	<input type="checkbox"/>

Risk Rating Guide

Score	5	4	3	2	1
Column A: Severity of injury:	Very High -Multiple Deaths	High - Death, serious injury, permanent disability	Moderate - RIDDOR over 3 days	Slight - First Aid treatment	Nil - Very Minor
Column B: Likely occurrence:	Inevitable	Highly Likely	Possible	Unlikely	Remote Possibility

Risk Rating Score	Action	Risk Rating Score	Action
1-4	Broadly Acceptable - No action required	5-9	Moderate - Reduce risks if reasonably practicable
10-15	High Risk - Priority Action to be undertaken	16-25	Unacceptable -Action must be taken IMMEDIATELY

Additional Control Measures Action Plan

Ref No.	Further action required	By whom	By when	Completed

Explain how you will monitor and review the additional control measures?

Frequency:

Method:

To be carried out by:

COMMUNICATION OF RISK ASSESSMENT FINDINGS TO STAFF

Reference of formal and additional communication to staff	METHOD	YES	DATE	COMMENTS
	Copy of risk assessment issued to staff			
	Controls covered in team procedure issued to staff			
	Induction			
	Team Meeting, Toolbox Talk			
	E-mail circulation			
	Available on website / intranet			
	Other –			

Review Tracker

Reassessment due:	Reassessment due:	Reassessment due:	Reassessment due:	Reassessment due:
Assessed by: (Name)	Assessed by: (Name)	Assessed by: (Name)	Assessed by: (Name)	Assessed by: (Name)
Signature	Signature	Signature	Signature	Signature
Date	Date	Date	Date	Date
Job Title	Job Title	Job Title	Job Title	Job Title
Approved by:	Approved by:	Approved by:	Approved by:	Approved by: