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| **Activity assessed** |  |
| **Contract name** |  |
| **Contract address** |  |
| **Contract start date** |  |
| **Assessment completed by** |  | **Assessor’s signature** |  |
| **Risk assessment date** |  | **Next review date** |  |

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| **Groups affected (mark as appropriate)** |
| Icon  Description automatically generatedStaff | Icon  Description automatically generatedSubcontractors | Icon  Description automatically generatedOther Contractors | Icon  Description automatically generatedThe Public | Icon  Description automatically generatedCustomers | Icon  Description automatically generatedYoung worker | Others (please specify) |  |
|  |  |  |  |  |  |
|  | **Risk Ranking (see key)** |
| **Hazard identified** | **Control measures to reduce risk** | **L** | **I** | **RR** |
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| **PPE requirements (mark as appropriate)** |
| Icon  Description automatically generatedHelmet | Icon  Description automatically generatedEar defenders | Icon  Description automatically generatedFootwear | Icon  Description automatically generatedGloves | Icon  Description automatically generatedGoogles | Icon  Description automatically generatedOveralls | Icon  Description automatically generatedRespiratory  | Icon  Description automatically generatedHarness | Icon  Description automatically generatedFace protection |
|  |  |  |  |  |  |  |  |  |
| **Others (please specify)** |  |

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| **Additional Comments** |
|  |
|  | **Risk Ranking Key**Impact (I) |  |  |
| 1 - Slight | 2 -Small | 3 -Moderate | 4 - Significant | 5 - Severe |  | Risk Ranking Key |
| Likelihood (L) | 5 – Certain | 5 | 10 | 15 | 20 | 25 | 1 – 4 Low |
| 4 - Highly Likely | 4 | 8 | 12 | 16 | 20 | 5 – 9 Low Medium |
| 3 – Likely | 3 | 6 | 9 | 12 | 15 | 10 – 14 Medium |
| 2 – Unlikely | 2 | 4 | 6 | 8 | 10 | 15 – 19 Medium High |
| 1 - Highly Unlikely | 1 | 2 | 3 | 4 | 5 | 20 – 25 High |

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| **Sign off sheet**I have read and understood the entirety of this document. Where there was something, I did not fully understand, it was explained to my satisfaction. I agree to comply with the required directions and instructions in this document. If at any point, I cannot comply I will highlight this to my superior before continuing.  |
| ***Name*** | ***Signature*** | ***Date*** |
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**Important information – PLEASE READ BEFORE SUBMITTING**

The following page should be removed before any submissions to third parties as it acts as instructions for use and further information intended for you.

The above template has been created for you to use and apply to your tasks and situations. Before use, you should ensure that a competent individual has adequately assessed any additional risks which may be present during your works.

As a best practice, a safe system of work (or method statement) for the task assessed should also be produced highlighting a systematic approach to how the work will be done safely.

Should the task assessed involve any substances deemed hazardous to health, a relevant COSHH assessment should be produced highlighting specific control measures for substances to be observed by affected parties.

**Creating additional rows for additional hazards**



**For additional assistance and further template documentation:**

**www.safetyplace.co.uk.**