*To be read with SCoP02 ‘Risk Assessment’ setting out how the form should be completed and the University approach to risk assessment. Please ensure you are* ***competent*** *to carry out the assessment, if you have any doubts please seek advice from your line manager. Once completed, the control measures must be adhered to and the form placed in the local Risk Assessment Register.* For further guidance, please refer to the guidance document Risk Assessment SCoP2.

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| Activity being assessed: |  | Reference no: |  |
| NEW ASSESSMENT |  | RISK ASSESSMENT FOR EXISTING ACTIVITIES |  | RISK ASSESSMENT REVIEW |  |
| Location: |  | Assessment date: |  | Review date: |  |
| Assessment carried out by (name / job title): |  | Signature of Risk Assessor |  |

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| Likelihood | Guide Description | Chance |  | Severity | Guide Description |
| 5 | Almost certain/imminent  | >90% |  | 5 | Catastrophic - fatality, multiple injuries |
| 4 | Probable – a strong possibility of it happening  | 50%-90% |  | 4 | Major – significant injury, hospitalisation |
| 3 | Possible – it may happen or it may have happened before  | 10%-50% |  | 3 | Moderate - injury requiring further treatment, lost time |
| 2 | Unlikely - could happen but unusual  | 3%-10% |  | 2 | Minor - first aid injury, no lost time |
| 1 | Rare – highly unlikely to occur  | <3% |  | 1 | Negligible – insignificant injury |

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|  | **Severity (S)** |  | **Risk Rating (RR)** | **Action** |  |
| **1** | **2** | **3** | **4** | **5** |  | **High Risk** | Stop the task/activity until controls can be put into place to reduce the risk to a tolerable level |  |
| **Likelihood (L)** | **5** | 5 | 10 | 15 | 20 | 25 |  |
| **4** | 4 | 8 | 12 | 16 | 20 |  | **Medium Risk** | Determine if further controls are required to reduce risk to as low as is reasonably practicable |
| **3** | 3 | 6 | 9 | 12 | 15 |  |
| **2** | 2 | 4 | 6 | 8 | 10 |  |
| **1** | 1 | 2 | 3 | 4 | 5 |  | **Low Risk** | No further action, keep under review |

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| **Significant Hazards**What could cause harm? | **What harm might occur, and to whom?**Remember to consider all affected groups | **Existing control measures** | **Risk Rating****(current controls)** | **Additional control measures**What can we do / use / put in place to further reduce the risks to an acceptable level? | **Residual Risk** |
| **L** | **S** | **RR** | **L** | **S** | **RR** |
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| Action Ref | Action required | Who is responsible? | By when? | Date completed |
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