

HEALTH & SAFETY PROCESS & TASK RISK ASSESSMENT

Ref No:		Date completed		Assessment completed by		Has training note/SOP been updated? YES/NO
Description of process				Types of people e.g. operators, engineers, electricians, contractors		
Type of Hazard	Hazard Present YES/NO	Description of hazard and associated risks e.g. tangling, shearing, impact, burns, electrocution, fires, lifting		Are Controls / defences in place against identified hazards? e.g. Controls: Noise surveys, Signs, PAT testing, PPE, Regular maintenance Defences: Training, Physical barriers, emergency plans.		
Mechanical						
Electrical						
Pneumatic						
Hydraulic						
Temperatures (cold, hot etc)						
Pressure systems						
Noise						
Vibration						
Fire & explosion						
Pregnancy restrictions (will this job affect pregnant women)						
Young person restrictions						

Manual handling and ergonomics				Manual handling assessment no.
Display screen equipment				DSE assessment no.
Chemical				COSHH assessment no.
Biological				COSHH assessment no.
Any other hazards identified				

Before Improvements						Rating (Multiply both numbers for rating)
Likelihood	1.Improbable	2.Possible	3.Likely	4.Very likely	5.Definetly	
Severity	1.Damage only	2.Minor Injury	3.Major Injury/major loss of production	4.Major disability	5.Fatality/multiple deaths	

After Improvements						Rating (Multiply both numbers for rating)
Likelihood	1.Improbable	2.Possible	3.Likely	4.Very likely	5.Definetly	
Severity	1.Damage only	2.Minor Injury	3.Major Injury/major loss of production	4.Major disability	5.Fatality/multiple deaths	
Are all identified hazards and risks adequately covered by a suitable control/defence?			YES	NO		

Completion date: _____

Action By: _____

Signature: _____

Line manager _____

Print Name: _____

Annual Date reviewed		Changes to procedure date reviewed		Reviewed by	
-----------------------------	--	---	--	--------------------	--

Actions from Risk Assessment

Actions	Who	When	Status

SAMPLE