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| Name of Establishment/School:**Please bring this assessment to the attention of all relevant staff, safety representatives and others who assist in your activities.** |
| Risk assessment completed by: (name)Sign here only after giving consideration to additional control measures.  | Signed:Date: |
| Head of establishment: (name)Sign here only after agreeing control measures and action points.  | Signed:Date:  |
| Review Date:  |

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| --- | --- |
| **Risk rating:** | **Outcome**: |
|  | **Insignificant Injury** | **Significant Injury** | **Major Injury** |
| **Unlikely** | Trivial Risk | Low Risk | Medium Risk |
| **Possible** | Low Risk | Medium Risk | High Risk |
| **Probable**  | Medium Risk | High Risk | **STOP** |
| **Risk Level:** | **Action and Timescales:** |
| **Trivial** | No action required and no documentary records are required |
| **Low** | Consider if the risk can be reduced further. Monitoring is required to ensure that the controls are maintained.  |
| **Medium** | Risk reduction measures should be implemented within a defined period.  |
| **High** | Give priority to removing or reducing the risk urgent action should be taken.  |
| **STOP** | **‘Work’ activity should not be started or continued until the risk has been removed or at least reduced.**  |
|   |
| **Step 1**What are the hazards? | **Step 2**Who might be harmed and how? | **Step 3**What are you doing already? | Current Risk Level | **Step 4**Is anything further needed? | **Step 5** Date further action(s) was/were completed | New Risk Level |
| By Whom and By When? | Date of next Review |
| Vehicle movement on site during working hours. (Deliveries from outside companies).  |  |  |  |  | **Date Completed:** |  |
| **Name:****Date**: | **Review Date:**  |
| Parent/child pick-ups and drop offs in vehicles. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Children riding bicycles on site. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Staff parking on site. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
|  **Step 1**What are the hazards? | **Step 2**Who might be harmed and how? | **Step 3**What are you doing already? | Current Risk Level | **Step 4**Is anything further needed? | **Step 5** Date further action(s) was/were completed | New Risk Level |
| By Whom and By When? | Date of next Review |
| Pedestrians and vehicles using the same access, egress route. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:**  |
| Poor housekeeping: Waste materials left loose on the ground |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Corners / blind spots. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Loading and unloading of vehicles: Risk of falling objects.  |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Reversing vehicles on site. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:**  |
| **Step 1**What are the hazards? | **Step 2**Who might be harmed and how? | **Step 3**What are you doing already? | Current Risk Level | **Step 4**Is anything further needed? | **Step 5** Date further action(s) was/were completed | New Risk Level |
| By Whom and By When? | Date of next Review |
| Uneven surfaces causing an overturn of a heavy goods vehicle. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:**  |
| Excess movement of vehicles at any one time. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Site works - refer to managing contractors’ documentation. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Unauthorised access to the vehicle cab. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:** |
| Lack of information / instruction. |  |  |  |  | **Date Completed:** |  |
| **Name:****Date:** | **Review Date:**  |

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