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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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