**Argyll & Bute Council Risk Assessment Form**

* Form to be completed only by competent, trained assessors.
* Use in conjunction with Guidance on Risk Assessment and flow process chart – calculate risk rating from matrix, Likelihood x Severity = Risk Rating.
* Insert photographs where appropriate or available.
* Once completed pass form to line management for implementation of any new control measures identified.
* Copy to be retained within service.
* Copy to be sent to Health & Safety Manager, Improvement & HR, Whitegates Road, Lochgilphead, PA31 8SY.
* If you require additional guidance or help contact healthandsafety@argyll-bute.gov.uk

|  |  |
| --- | --- |
|  | **LIKELIHOOD** |
| **1** | **2** | **3** | **4** | **5** |
| **Rare** | **Unlikely** | **Possible**  | **Likely** |  **Almost Certain** |
| **S****E****V****E****R****I****T****Y** | **1** | **Insignificant** | **1L** | **2L** | **3L** | **4L** | **5M** |
| **2** | **Minor**  | **2L** | **4L** | **6M** | **8M** | **10M** |
| **3** | **Moderate**  | **3L** | **6M** | **9M** | **12M** | **15H** |
| **4** | **Major** | **4L** | **8M** | **12M** | **16H** | **20H** |
| **5** | **Catastrophic** | **5M** | **10M** | **15H** | **20H** | **25H** |

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| **Hierarchy of Controls** |
| **a**. **Elimination** | **d. Otherwise controlled** (e.g. safe systems of work, signage, warnings, procedures, training, supervision, etc. ) |
| **b**. **Substitution** **with a safer alternative** (e.g. mains tools substituted with battery operated | **e.** **Reduced effectively by using** **Personal Protective Equipment**  |
| **c. Made safer through using engineering controls** (e.g. guarding) |

Identify Task and who could be affected

Identify hazards at each step within task – refer to guidance appendix 2

Identify existing controls

Rank risk using matrix

Are additional controls required, if so identify

Ensure additional controls put in place

Rank residual risk using matrix if needed

Sign risk assessment off

Copy to be retained within service

Send copy to H & S section

Review periodically

|  |  |
| --- | --- |
| **< 5** | **Low** |
| **5 <15** | **Med** |
| **15 < 25** | **High** |

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| **Argyll & Bute Council****Risk Assessment Form** |
| **Work Task: (**activity or process) |  | **Assessment Undertaken By:** |  |
| **Designation:** |  | **Assessment Date:** |  | **Review Date:** |  | **Service:** |  |
| **Signature:** |  | **Department/School** |  |
| **Who may be affected?** | **Staff** |  | **Contractors** |  | **Visitors** |  | **Public** |  | **Pupils** |  | **Others** |  | **Volunteers** |  | **Ref No:** |  |
| **Hazards** | **Controls** **(List existing controls in place – link to policy etc)** | **Risk Rating**  **Use Matrix** | **Additional Controls****Required? (List)** | **Residual Risk Rating**  |
| **L** | **S** | **R** | **L** | **S** | **R** |
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