

Risk Assessment Record Form

Site/ Location

29 Hengar Manor

Assessment Details

Assessors Name

P Dell-Smith

Activity

Holiday home

Method Statement or Technical Work Instruction Ref:

N/A

Job No.

N/A

Signature

Others persons
potentially affected;

The
Public



Employee



Contractor



Young
Person



Other
(state).



Instructions

This Risk Assessment can only be completed by a competent person. All hazards and their associated risks must be identified. All hazards and risks must be assessed in accordance with the scales described below. Always apply the necessary control measures that will further reduce the risk rating. Continue on the next sheet if necessary.

(13)

SEVERITY		LIKELIHOOD
No Injury, No Impact	1	Almost Never
First Aid Injury, Minor Impact	2	Seldom
Lost Time Injury, Medium Impact	3	Possible
Over 3 Day Injury, Serious Impact	4	Probable
Major/Fatality, Major Impact	5	Almost Always



Seek Advice



Proceed with Caution



Work Proceeds Safely

Risk Rating	Degree of Risk
1 - 6	Low Risk
8 - 12	Medium Risk
15 - 25	High Risk

1	2	3	4	5
2	4	6	8	10
3	6	9	12	15
4	8	12	16	20
5	10	15	20	25

PRIORITY CODES

15-25 = High Risk Further control measures are required to reduce the risks to an acceptable level. Seek Advice.

8 - 12 = Medium Risk Further controls should be considered and applied where reasonably possible. Work can proceed with caution.

1 - 6 = Low Risk Existing control measures have reduced the risks so far as is reasonably practicable.

Risk Assessment

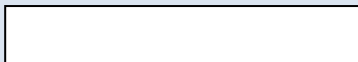
Risk Assessment																
Hazards Identified	Risk/Outcome	Severity	Likelihood	Risk Rating	Existing Control Measures	Severity	Likelihood	Risk Rating	Additional Control Measures	Severity	Likelihood	Risk Rating				
Slips, trips & falls	Sprains, bruising and fractures.	4	3	12	Keep the house tidy and remove any trip hazards from entrances, stairwells and living areas.	4	1	4	N/A	4	1	4				
Damaged/worn electrical appliances.	Electric shock.	5	3	15	All electrical appliances to be PAT tested annually, any damage or wear to be reported and repaired immediately, the appliance to be removed from use until safe to use.	5	1	5	N/A	5	1	5				
Faulty gas boiler.	Suffocation from CO or explosion from gas leak.	5	3	15	Boilr to be checked annually by Gas Safe engineer and safety certificate issued.	5	1	5	N/A	5	1	5				
Fire.	Burns.	4	3	12	Fire extinguisher and blanket to be provided, keep all escape routes clear at all times, internal locks to be thumb turn operated to allow escape without the use of keys.	4	1	4	N/A	4	1	4				

To calculate the **Risk Rating** multiply the Severity and the Likelihood. The Risk Rating **must** be **12 in all areas** or below before any work Task / Activity can progress.

Acceptance

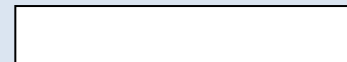
Before this Risk Assessment is valid it must be accepted by and signed by the Account Manager or the appointed supervisor.

Signature



Customers counter signature. N.B. Only certain assessments require a countersignature.

Signature



Date

