

GENERAL RISK ASSESSMENT

(ROUTINE TASKS)



Corporate & Commercial Services Human Resources, Municipal Buildings **HR16B** Falkirk, FK1 5RS

Section 1 - TASK/S	Ref No:
Service	
Employee/s Job Title	

Section 2 – HAZARDS IDENTIFIED: (if the hazard is present in the task / activity tick the relevant topic)

1	Aggression	16	Lone Working	31	Temperature	
2	Animal Attack	17	Machinery	32	Vehicles / Traffic	
3	Asbestos	18	Manual handling / Lifting	33	Vibration	
4	Fabric of Building	19	Shift Work	34	Violence / Assault	
5	Contact with body fluids	20	Noise	35	Ventilation	
6	Contamination / Disease	21	Falling Objects	36	Water Systems	
7	Display Screen Equipment	22	Plant Rooms	37	Weather	
8	Dust / Fumes	23	Pressure Systems	38	Welding Flash	
9	Electricity	24	Radiation	39	Work equip/Tools	
10	Fire & Explosion	25	Repetitive Strain Injury	40	Working at Height	
11	Flammable material	26	Scaffolding / Ladders	41	Workplace Lighting	
12	Furniture	27	Sharps	42	Working Practices	
13	Gas	28	Slip / Trip / Fall	43	Other	
14	Hazardous substance	29	Stress			
15	Infestation	30	Substance Misuse			

Section 3 – PERSONS AT RISK (Enter relevant numbers affected)

Employee	Non-Employee	Person / Child	Expectant / New Mother	Shift Worker	
Home Worker	Disabled/ Special Needs	Contractor	Lone Worker		

Section 4 – CONTROLS

Indicate below the reference no. of the hazard identified in Section 2, the present control method(s) and if it is considered these are adequate.

Hazard	Method of Controls	Adequate? Yes or No
No.	(Include Council & Service procedures, relevant records held including training courses employees have/are required to attend)	Yes or No
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Section 5 – COMMENTS

Identify hazards which have no means of control, or are not adequately controlled. List any recommendations which you feel may resolve the hazards

Hazard No.	Recommendations
No.	

Section 6 – OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN (Probable Frequency X Severity)

<i>Frequency</i> , scale : Low 1 - High 5	1 Improbable, 2 Possible but unlikely, 3 Happens infrequently
Severity, scale : Low 1 - High 5	4 Happens quite frequently, 5 Happens, very frequently1 Trivial injury, 2 Minor injury, 3 Hospital stay/Industrial illness
	4 Major injury, 5 Fatality
Reasons:	

Section 7 – IDENTIFY OTHER RISK ASSESSMENTS REQUIRED / RELEVANT (Circle)

COSHH / Manual Handling / Personal Protective Equipment / Noise / Vibration / Asbestos / Lead/ Display Screen Equipment / Fire/Other (*please state)

Assessors Name:	Signature:	Date:
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Section 8 – ACTION PLAN (where appropriate)							
Hazard No.	Action Required	Person nominated	Date Assigned	Date Completed			

Managers Name:	Signature:	Date:			
Date of Next Assessment Review : (NB at least annually)					

Note: A copy of this Risk assessment must be kept at the place of work to which it refers and the risk factors and control measures brought to the attention of all employees carrying out and/or supervising or managing the work