

Risk Assessment Form – Managing Health and Safety

Ref. No:

Directorate and Team:	Completed by: Nicole Forrest & Di Sharp	Manager: JL
Activity and workplace: literacy room	Date: updated 11/6/20	

What are the hazards? (i.e. what might cause harm)	Who is affected and how?	What are you already doing to control the hazards?	Risk		Further action required?	By whom	By when	Do ne
			No.	L/M/H				
<p>Plugs and cables from sound system/ interactive whiteboard- trips/ electric shocks</p> <p>Resources in literacy room are on the floor and shelves - could be trip and slip hazard</p> <p>Fingers trapped on inside of door</p> <p>Room gets hot with lights</p> <p>Lots of chairs</p> <p>Window opens low</p>	Children and staff	<p>Ensure these are plugged in at all times so no drooping wires. Sound system located in wooden cabinet. Sockets turned off at night.</p> <p>Important that toys are tidied away and stored appropriately.</p> <p>Finger safe guard on one side of door</p> <p>Blinds used and window opened. Lights to be turned off when not needed.</p> <p>No more than 4 stacked</p> <p>Only use this window when staff are present in the room. Units put in front of them.</p>	8					

Injury Severity

- | |
|--|
| 1. Minor injury (first aid only) |
| 2. Serious injury (medical attention, time off work) |
| 3. Major injury (broken bones etc) |
| 4. Death |

X Likelihood

- | |
|----------------|
| 1. Rare |
| 2. Unlikely |
| 3. Likely |
| 4. Very likely |

=

Risk rating

- | |
|---|
| 1-3. Low : no further action needed – keep under review |
| 4-8. Medium: implement reasonable measures as per action plan |
| 9-16. High: work cannot start until risk has been reduced |

Review annually, or after an incident, or if there are changes to the task, environment, equipment or the people affected.

Review 1	Review 2	Review 3	Review 4	Review 5
Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial



Risk Assessment Form – Managing Health and Safety

Ref. No:

<p>Equipment stacked and stored safely and appropriately on shelving.</p> <p>Unit housing the computer- lid to be opened fully to wall when in use</p>	<p>Tidied and sorted regularly. Stored appropriately and safely.</p> <p>Check window ledge clear to allow lid to extend fully back to wall</p>				<p>Staff to only use unit when using computer. Notice put up to remind staff</p>			
--	--	--	--	--	--	--	--	--

Injury Severity

1. Minor injury (first aid only)
2. Serious injury (medical attention, time off work)
3. Major injury (broken bones etc)
4. Death

X Likelihood

1. Rare
2. Unlikely
3. Likely
4. Very likely

=

Risk rating

- 1-3. Low : no further action needed – keep under review
 4-8. Medium: implement reasonable measures as per action plan
 9-16. High: work cannot start until risk has been reduced

Review annually, or after an incident, or if there are changes to the task, environment, equipment or the people affected.				
Review 1	Review 2	Review 3	Review 4	Review 5
Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial