

Date:

Risk Assessment

Assessors Name:		Assessment Reference Number:	CIRM.RA.04	Review Date:	
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Endorsed By Name:		Signature		Position		Date:	
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Description of activity being assessed	Customer Safety - General
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Location	Various
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Identified Hazards	Who may be affected	Risk Level before control measures S x P = R				Control measures required	To be actioned by	Completion date	Final Risk level S x P = R			
		S	P	R	RR				S	P	R	RR
Wet Floors – General Slips/ Trips/ Falls	Staff member / Visitors / Customers	2	3	6	M	<ul style="list-style-type: none"> All spillages to be mopped immediately, when necessary “Caution Wet Floor signs” displayed 			2	1	2	L

NOTE: See guidance notes before completing this Risk Assessment

Identified Hazards	Who may be affected	Risk Level before control measures S x P = R				Control measures required	To be actioned by	Completion date	Final Risk level S x P = R			
		S	P	R	RR				S	P	R	RR
Wet Floors- Toilets Slips/Trips/Falls	Staff member / Visitors / Customers	2	3	6	M	<ul style="list-style-type: none"> Permanent "Caution Wet Floor Signs" displayed in all toilets. Routine Inspection carried out by staff to ensure toilets are in good order. (hourly) Staff awareness. 			2	1	2	L
Removal/ clearing of broken glass	Staff member / Visitors / Customers	2	2	4	M	<ul style="list-style-type: none"> Caution Signs displayed All broken glass placed in suitable bins for disposal. Staff awareness. 			2	1	2	L
Slips Trips and Falls- General	Staff member / Visitors / Customers	2	2	4	M	<ul style="list-style-type: none"> Monthly inspection on all public walkway areas Torn/ damaged carpets repaired immediately 			2	1	2	L

GUIDANCE NOTES

R = RISK

SEVERITY x PROBILITY = RISK

S = SEVERITY

P= PROBILITY

RR = RISK RATING, High, Medium or Low

RISK	SEVERITY
1-3 = Low	1 = Slight
4-6 = Medium	2 = Serious
7-9 = High	3 = Major

Risk Matrix			
Degree of Risk	1	2	3
1	1	2	3
2	2	4	6
3	3	6	9

RISK SCORE	RISK RATING	ACTIONS REQUIRED
1-3	LOW	Continue to review working practices on a regular basis and implement any additional control measures required within the time scale given in the Risk Assessment.
4-6	MEDIUM	Implement control measures within time scale shown in risk assessment and review working practices on a regular basis. Review tooling and working practices used to reduce the probability of an accident to the lowest level possible (employee consultation should be included in the review)
7-9	HIGH	Do not allow work to start and review working practices Immediately . Implement all the additional control measures identified in the Risk Assessment within the given times scales. Continue to review and implement additional control measures until the probability of an accident is reduced to the lowest level possible. (employee consultation should be included in the review)

I.D	Additional Assessments Required	Time Scale	Date Actioned	Reviewed	Person Responsible

Every effort has been made by JSV Events Ltd to ensure that the information given is accurate and not misleading, however we cannot accept responsibility for any loss or liability perceived to have arisen from the use of any such information. Only Acts of Parliament and Statutory Instruments have the force of law and only the courts can authoritatively interpret the law.

Additional Comments

1. This Risk Assessment needs to be discussed with the employees before they operate the plant / equipment on site to ensure compliance with all control measures through their understanding.
2. Employees are to sign an acknowledgement sheet for their understanding of this Risk Assessment
3. The Risk Assessment is to be reviewed on an annual basis or sooner if changes are made to the plant or working practices or after an accident / near miss.
4. This Risk Assessment must be approved by the nominated person for Health and Safety before being issued as a live document.

Assessors 1 Name:		Signature:		Date:	
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Assessors 2 Name:		Signature:		Date:	
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The named employees below have been briefed on this Risk Assessment and the relevant Method statement for the task / operation to be undertaken

The following items were covered

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| 1. Risk Assessment | YES / NO |
| 2. Method Statements | YES / NO |
| 3. Plant information / manuals | YES / NO |
| 4. Training / License requirements. | YES / NO |
| 5. General site safety Rules | YES / NO |
| 6. COSHH | YES / NO |
| 7. Manual Handling | YES / NO |
| 8. Personal Hygiene | YES / NO |
| 9. Personal Protection Equipment | YES / NO |
| 12. Exposure to micro organisms | YES / NO |
| 13. Vehicle movement and traffic routes | YES / NO |
| 14. Occupational Health Noise | YES / NO |
| 15. Environmental / Spillage & Recycling | YES / NO |

Briefing undertaken by:	Name:	Sign:	Date:
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Position	
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We the undersigned have been fully briefed on this Risk Assessment and other control measures in place to reduce the risk of injury to the lowest possible level. We fully understand our duties as employees to follow the control measures in this Risk Assessment and the Method Statement.

Employee Name	Job Description	Date	Employee Comments / recommendations	Signature