**Course Risk Assessment – 2020-21**

|  |  |
| --- | --- |
| **Programme Title** |  |
| **Venue Address** |  |
| **Name of person carrying out assessment** |  |
| **Date of Risk Assessment** |  |

**The purpose of this form is to:**

Assess the likelihood of injury, adverse effect to health, or damage to property from hazards associated with a venue, course, or a specific task or activity within a course. Once hazards and their associated risks have been identified, take actions in order to reduce the risk to the lowest practicable level.

**Please tick the appropriate answers**

1. How often is the task/activity performed?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hourly** | **Daily** | **Weekly** | **Monthly** | **Annually** |
|  |  |  |  |  |

1. The number of people who are or may be directly involved in the task or activity is:
2. The number of people who are or who may be affected by the task or activity is:
3. The following hazards are associated with this course/activity. Please those that apply **🗸**

|  |  |  |  |
| --- | --- | --- | --- |
| **Electricity** |  | **Hazardous substances** |  |
| **Portable equipment** |  | **Slip, Trip, Fall** |  |
| **Flammable substances** |  | **Use of hand tools eg scissors** |  |
| **New/expectant mothers** |  | **Personal health/diabetes** |  |
| **Manual handling** |  | **Personal safety** |  |
| **Confined space/Social Distancing** |  | **Other (please state:** | |

**Control Measures Available –** suggested prompt list

**Primary controls**: Substitution, Elimination, Design the risk out

**Secondary controls – for example**:

* Written instructions/Signage
* Awareness raising with learners
* Furniture spacing
* Restricted access/one way access
* Rubber flex guards, floor tape
* Protective clothing/equipment
* Security equipment
* Detailed maintenance schedule (PAT testing sticker)
* Emergency contact details
* Mobile phones
* Other

**How to rate a risk associated with an identified hazard**

Method:

1. Identify the hazard
2. How likely is the risk associated with the hazard going to occur on a scale of 1 to 3?
3. If the risk did occur, how severe would the result be on a scale of 1 to 3?
4. Multiply one by the other to give you a risk rating and help you to prioritise the risks
5. See table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood/frequency of exposure to risk** | | **Possible outcome/magnitude**  **of event** | | **Risk Rating (frequency x magnitude)** | **Priority** |
| Likely/often | 3 | Death/building and contents loss | 3 |  | High |
| Possible/occasional | 2 | Lost time, injury/repairs | 2 |  | Medium |
| Virtually nil | 1 | Slight injury/damage | 1 |  | Low |
| **EG A risk with a possible likelihood of occurring, which would result in a slight injury, would be 2 x 1 giving a rating of Low.** | | | | | |

**Identification of Tasks, Rating Risks and Control Measures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified Risk/Learner** | **Estimate of current Risk Rating (High/Medium/Low)** | **Persons at Risk** | **Control Measures** | **Actions to be taken** | **Estimate of Risk Rating following control measure** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please review this form if circumstances change with the course, eg a learner becomes pregnant as additional risks/controls will be needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Assessor Signature:** |  | **Line Manager Signature:** |  | **Date:** |