**Health and Safety Risk Assessment**

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| Area or Activity assessed: | Date:  |
| Location: | Persons who may be affected by the activity:  |

**Step 1: Identify Hazards**

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| **1** | Fall of Persons |  | **6** | Lighting Levels |  | **11** | Use of portable tools/ equipment |  | **16** | Outdoor work/extreme weather  |  | **21** | Violence/ verbal assault  |  |
| **2** | Fall of Objects  |  | **7** | Heating & Ventilation  |  | **12** | Fixed machinery or lifting equipment  |  | **17** | Fieldwork / fieldtrips |  | **22** | Work with animals  |  |
| **3** | Slips, Trips and Housekeeping |  | **8** | Layout, storage and obstructions |  | **13** | Noise or vibration  |  | **18** | Hazardous fumes, chemicals, dust |  | **23** | Lone Working / out of hours |  |
| **4** | Lifting & Carrying |  | **9** | Welfare Facilities  |  | **14** | Fire Hazards or Flammables  |  | **19** | Confined spaces |  | **24** | Building condition/ glazing |  |
| **5** | Display Screen Equipment  |  | **10** | Electrical Equipment  |  | **15** | Vehicles/ Driving at work  |  | **20** | Food Preparation  |  | **25** | Other (s) - specify |  |

**Step 2: Risk Controls**

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| Hazard No. | Hazard Description and Type of Harm  | Existing controls to reduce risk | Risk Level | Further action needed to reduce to risks | By Who | Completion Date |
| *High* | *Medium* | *Low* |
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| Name of Assessor (s): |  | Signed: |  |
| Review Date: |  | Signed: |  |