

RA2 form

Risk Assessment Number	Issue Status	Authorised assessor	Manager responsible	Issue Date	Review due

About the Activity	
Name of Activity:	
Where Activity takes place:	
Description of Activity:	

Section 1: Persons affected

Numbers of those exposed	Employees:		Contractors:		Member of public:	
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<p>Occupational Health Consider if there are any issues which could be significant in relation to occupational health <i>e.g. hearing loss, stress and musculoskeletal damage</i></p>	
<p>Human Behaviour Consider if there are any issues which could be significant in assessing this activity which relates to possible increased risk due to Human Behaviour. <i>eg members of public ignoring signage and barriers</i></p>	

<p>Vulnerable Staff Are there any staff who may be particularly vulnerable and at risk. <i>e.g. young persons (under 18); new and expectant mothers, staff with disabilities or health conditions that might increase risk.</i></p>	<p>Note - Personal risk assessment should be carried out.</p>
<p>Other Vulnerable Persons Are there service users or visitors who may be particularly vulnerable and at risk e.g. children or adults with physical or learning disabilities</p>	<p>Note - A personal risk assessment should be considered.</p>

Section 2: Risk Controls

Hazards involved
Existing Controls

<i>What are the risks?</i>	S	P	R

Section 3: Legislation and guidance

<p><i>Legislation</i> Are there any legal requirements which should be followed for the hazards being assessed? e.g. legislation, or Approved Codes of Practice</p>	
<p><i>Best Practice Standards</i> Are there any relevant best practice standards or council policies and guidance which should be followed for the hazards being assessed? e.g. Council Policies, or guidance (corporate or departmental), HSE guidance or British or European Standards, professional or trade guidance.</p>	

Section 4: Action Plan

Action Required	Reduced Risk			Costs / resources required	Target Date	Action by whom?	Completion Date
	S	P	R				
Monitoring Required:							

I confirm that this risk assessment is an accurate reflection of the risks and controls in place and that the additional controls identified will be provided YES / NO

Signed by responsible manager:

NAME..... Signature..... Date.....

SECTION 4: Assessment Review Record (If significant changes are made a new risk assessment form must be completed.)

Date of review	Name of Reviewer	Comments	Signature	Date of next review