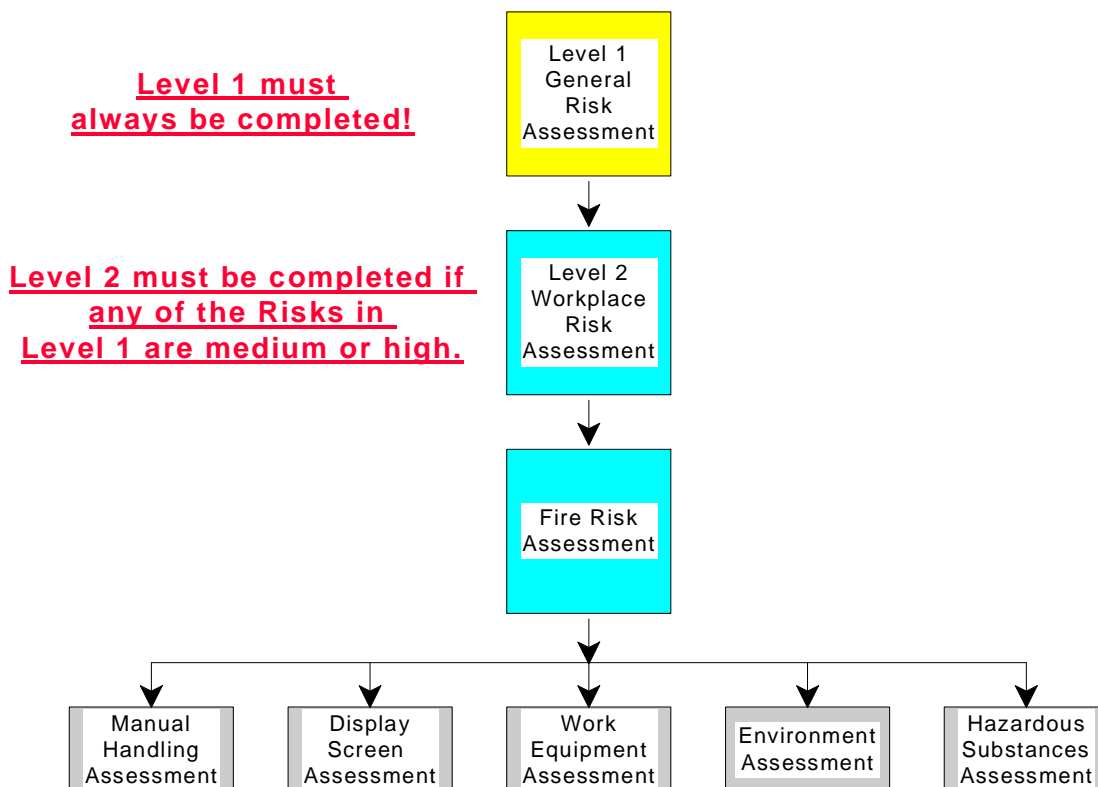


Simple Risk Assessments

BHSEA Meeting 9th May 2011.

Example Risk Assessment Index.

Level 1	General Risk Assessment
Level 2	Display Screen Equipment Assessment
Level 2	Environment Assessment
Level 2	Fire Risk Process Assessment
Level 2	Hazardous Substances Assessment
Level 2	Manual Handling Assessment
Level 2	Work Equipment Assessment
Level 2	Workplace Assessment



Any Company Integrated Safety Management System

RISK ELIMINATION & CONTROL

Level 1 - Risk Assessment

L1/RA: ?

Business/Site:	Area:
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Basic Information

Process/Activity:										
Location (Department and Description):										
Equipment being assessed (Plant number, description):										
Equipment used to support the process/activity:										
Procedures/Work Instructions (Reference No, Description)										
Materials/Substances used:										
Personnel involved (job title, skill level, number, additional information):										
Frequency of usage		Continuously		Daily		Weekly		Monthly		Yearly
Duration of usage		Continuously		4 - 8hrs		1 - 4hrs		10min - 1hr		10min
People exposed		0 - 1		2 - 5		6 - 20		21 - 100		> 100
Who is exposed		Operators		Contractor		Lone worker		Visitor		Public

Hazards and Risks

What significant hazard(s)/hazardous conditions exist or could arise?

Hazards	0	L	M	H	Ref:	Comments
Slipping/tripping hazards					1	
Electricity					1,2	
Dust					1,4	
Moving parts of machinery					2	
Vehicles eg Fork Lift Trucks					8	
Stored Energy					2	
Work at Height					1	
Display Screen user					5	
Manual Handling					3	
High/Low Temperature					1	
Flammable Material					6,7	
Chemicals					4,6,7	
Fume					4,6,7	
Ejection of Material					2,4	
Pressure Systems					2	
Hazards	0	L	M	H	Ref:	Comments
Confined Space					1	

Noise					1	
Poor Lighting					1,5	
Other						
Total ticks per column						
Overall Risk Level						

Level 2 Assessment Record

Note: if hazardous conditions are rated Medium or High, then additional assessments must be prepared. The numbers beside each hazard above e.g "1,6,7" are suggested Level 2 Assessments.

	Tick	Responsible Person	Due date	Completed Date	Comments
1. Workplace					
2. Work Equipment					
3. Manual Handling					
4. Hazardous Substances					
5. Display Screen Equipment					
6. Fire					
7. Environment					
8. Other					

Residual Risk:

<p>Is it safe to proceed with this process/activity? YES/NO Brief explanation of the above:</p>
--

Assessors:

	Name	Date
Department Assessor:		
Other Assessor:		
Health and Safety Assessor:		

ANY COMPANY HEALTH & SAFETY SPECIFIC RISK ASSESSMENT 1

Level 2 - Work Place

WKP Ref No: ?

Business Unit:	Department:
Lead Assessor:	Date of this Assessment:
Process Activity	

1.1	Humidity
1.2	Temperature
1.3	Air Movement
1.4	Work Space
1.5	Floor Surface
1.6	Floor condition
1.7	Housekeeping
1.8	Lighting
1.9	Access or egress
1.10	Storage
1.11	Floor covering
1.12	Noise
1.13	Desk/worktop large enough
1.14	Sufficient space below the desk
1.15	Height of seat adjustable
1.16	Height and angle of backrest adjustable
1.17	Chair is stable
1.18	Chair allows movement
1.19	Feet are flat on floor or an adequate footrest is provided
1.20	Area provided for refreshment
1.21	Smoking restrictions apply
1.22	Electricity: installation test recorded and up to date
1.23	Electricity: RCD Device recorded and up to date

Dry	Damp	Wet
Minimum Variation	Moderate variation	Extreme hot/cold
Slight/None	Moderate	Extreme
Clear unobstructed work space in operating areas	Work space some what confined by components and fixtures	Work space often shared with work trays and fixtures
Smooth, level and free from slip and trip hazards	Reasonably smooth and level but some hazards apparent	Uneven or slippery with slip and trip hazards
Maintained	Non-maintained, steps	Dirty, holes
Floor cleaned and clear of cables	Floor usually cleaned and clear of cables - minimum rubbish	Floor not clear as required - rubbish and equipment in area
Adequate light day and night	Reasonable lighting repaired on request	Dark areas, lights not maintained
Good access / egress without obstruction	Good access/egress sometimes restricted	Restricted access / egress; used as shortcut
Adequate storage for tools, equipment and fixtures	Limited storage for equipment - not always correctly stored	No storage-equipment left on floor in the work area
Flat, non slip and securely anchored	Flat, non slip but not anchored	Uneven and liable to move
Less than 80dB(A)	80 -85dB (A)	Over 85dB (A)
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No
Not Applicable	Yes	No

Risk level	Insignificant	low	Medium	High
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Next Steps	Who	When

Signed: _____

Date: _____

ANY COMPANY HEALTH & SAFETY SPECIFIC RISK ASSESSMENT 3

Level 2 - Manual Handling

MHG Ref

No: ?

Business/Site:	Area
Lead Assessor:	Date of Assessment:

Process Activity

N.B. Assessment should be carried out with individuals in mind taking account of male / female (female generally 60% capability of male), height, strength, fitness, training etc and noted accordingly.

Load

	Weight	0 - 5 Kg	5 - 15 Kg	15 - 25 Kg	25+ Kg
1.2	Size	Small	Medium	Large	Complex size
1.3	Ease of handling	Simple	Good hand-holds	Held by pressure	Grasp by edges
1.4	Surface properties	Dry grippable	Abrasive	Hot/cold/sharp	Wet/greasy
1.5	Stability	Rigid	Flexible	Shifting	Liquid
1.6	Information	Marked on load	Easily assessed	Hard to judge	None

Task

	Type of move	Push	Pull	Lower	Lift
2.2	Change in height	None	Arm movement	Body movement	Steps or stairs
2.3	Distance	Stationary	1 - 2 steps	3 - 5 steps	6+ steps
2.4	Duration	1 - 10 secs	11 - 30 secs	31 secs - 5 mins	6 - 15 mins
2.5	Frequency	1 - 20 secs	21 - 100 per day	101 - 400 per day	All day
2.6	Max rate of work	Every 30 mins	Every 5 mins	Every minute	> 1 per minute
2.7	Reach	Close to body	Reach out/up	Bend or stretch	Bend and reach
2.8	Rest and Recovery	Full recovery	Frequent breaks	Occasional rest	Continuous work
2.9	Twist	No twist	Twist up to 45°	Twist up to 90°	Twist over 90°

Environment

	Constraints/Posture	Easy Access	Some obstructions	Several obstructions	Restricted
3.2	Flooring	Level/Good	Ok	Uneven	Poor
3.3	Conditions hot/cold	Pleasant	Some variation	Often hot or cold	Outdoor or extreme
3.4	Lighting	Bright	Good	Variable	Lacking

Date of last manual handling/specialist training:

Injury Potential

	Strains/Sprains	Remote	Infrequent	Occasional	Regular
4.2	Traps/Cuts	Remote	Infrequent	Occasional	Regular

Risk Level

Insignificant	low	Medium	High
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Next Steps:	Who	When

Signed: _____

Date _____

ANY COMPANY HEALTH & SAFETY SPECIFIC RISK ASSESSMENT 5

LEVEL 2 - DISPLAY SCREEN EQUIPMENT DSE/ No: ?

GENERAL SELF ASSESSMENT

Business Unit:	Department:
Names of Users of this Workstation:	
Assessor:	Date:

Please complete by ticking yes or no as appropriate. There is space at the end of this questionnaire for you to add any further comments.

A: GENERAL

Workstation

Yes / No

1.1	Is your work station of sufficient depth?
1.2	Is your workstation of sufficient width?
1.3	Is your workstation of suitable height?
1.4	Is there sufficient knee space?

Work Chair

2.1	Does your chair fit under the work station?
2.2	Is the seat height adjustable?
2.3	Does the seat back adjust/tilt for support?
2.4	Does your chair have 5 castors?
2.5	Does your chair swivel?
2.6	Is an appropriate foot stool provided or if not is the absence of a footstool acceptable/agreed?

Keyboard

3.1	Is the keyboard separate from the screen?
3.2	Are the keys clean/legible?
3.3	Is there enough space to rest your hands in front of the keyboard?

Display Screen

4.1	Is the image on the screen stable and free from flicker?
4.2	Can you adjust the brightness/contrast?
4.3	Is it possible to easily tilt and swivel the screen?
4.4	Has an appropriate glare filter been provided or, if not, is the absence of a glare filter acceptable/agreed?

Document Holder

5.1	Has an appropriate document holder been supplied or, if not, is the absence of a document holder acceptable/agreed?
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Yes	No

Printer

6.1	Is the printer positioned so that it's easy to load the paper and obtain a printout?
6.2	Is the noise from the printer below the level to cause distraction?

Environment

7.1	Does the general lighting of the room area meet an adequate standard?
7.2	Have desk lamps (or other task lights) been supplied where necessary or, if not, is the absence of desk/task lights acceptable/agreed?
7.3	Are the wires, cables etc routed safely?

B: INDIVIDUAL

Work Practices

8.1	Do you have flexibility in planning your daily working patterns?
8.2	Do the patterns allow for regular breaks or 'rest pauses' from display screen equipment work i.e. 5-10 minutes every hour?
8.3	Do you understand how to adjust the workstation to suit yourself?
8.4	Do you know how to report any fault with the equipment?

Eyesight and Eye examinations

9.1	Have you been free of any eye problems, i.e. headaches, blurred vision, when using the display screen equipment?
9.2	Have you visited an optician for a suitable eye examination, sufficiently recently in your view?

Prevention of Upper Limb Disorders

10.	Have you been free of aches and pains in the wrist, arms or shoulders following use of display screen equipment?
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Risk Level	Insignificant	low	Medium	High
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Comments		
Next Steps:	Who	When

Signed: _____ Date: _____

ANY COMPANY HEALTH & SAFETY SPECIFIC RISK ASSESSMENT 2

Level 2 - Work Equipment

WEQ Ref No: ?

Business Unit:	Department:
Lead Assessor:	Date of this Assessment:
Process Activity	

Operations and Controls

1.1	Markings/Warnings	Good operational Information	Some operational Information	Poor instructions only	No operational information
1.2	Lighting	No Special lighting Requirements	Adjustable inbuilt lighting	In built lighting, not adjustable, some glare	Poor lighting provision, glare
1.3	Position of Controls	Outside danger area	Close to danger area		Inside danger area
1.4	Position of Controls	Well marked and visible	Marked and Visible	Marked obscure	Unmarked unclear
1.5	Operation of Controls	Stop overrides everything	One shot stop, fast action	Stop requires continued action	Stop controls one hazard only
1.6	Waste	No dust & swarf	Little dust & swarf	Dust & swarf contained	Dust & swarf everywhere

Settings

2.1	Ease of Setting	Easy	Good	Poor	Difficult
2.2	Safe	M/C turned off & isolated		M/C turned on	M/C running

Use

3.1	Suitability	Designed for operation/environment	Modified/adapted by design	Ad-hoc adaptation	Unsuitable
3.2	Stability	Equipment securely fixed	Stable/improper use may upset	Stable, some ops cause instability	Unstable, reliant on proper use
3.3	Adequate Guard	No additional safeguard required	Still some hazard in use		Hazardous in use
3.4	Interference Potential	Interlocks in place	Positive action needed	Easily defeated	Routinely over-ridden
3.5	Guards in use	No restriction of op/maint	Operational restriction	Maintenance restricted	Sever restriction of op/maint

Maintenance

4.1	Maintenance State	As scheduled records kept, no faults	Scheduled, some faults, poor records	Faults maintenance only	No maintenance
4.2	Ease of maintenance	Easy	Good	Poor	Difficult
4.3	Safety during maintenance	M/C turned off & isolated		M/C turned on	M/C running

Cleaning

5.1	Ease of cleaning	Easy	Good	Poor	Difficult
5.2	Safety during maintenance	M/C turned off & isolated		M/C turned on	M/C running

Electricity

6.1	PAT Testing	Recorded and up to date	Not up to date	Not recorded	
6.2	RCD Testing	Recorded and up to date	Not up to date	Not recorded	

Injury Potential

7	Potential of harm	Insignificant	Minor	Serious	Major
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Risk Level

Insignificant	Low	Medium	High
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Next Steps:	Who	When

Signed: _____

Date: _____

ANY COMPANY HEALTH AND SAFETY SPECIFIC RISK ASSESSMENT 7

Level 2 - Environment

ENV Ref No: ?

Business Unit:	Department:
Process Activity	

NB: Cross out any paragraphs that are non-applicable

Ground and Groundwater

1.1	Quantity of Substances	Less than 2 substances used	3 - 6 substances used	More than 6 substances
1.2	Type of Substances	No hazardous substances	Less than 25% hazardous	More than 25% hazardous
1.3	Inventory of Substances	Complete & upto date inventory	Partial inventory/out of date	No inventory
1.4	Storage areas - Security & Housekeeping	Secure, demarcated & organised	Demarcated but inconsistent housekeeping	Not secure & untidy
1.5	Storage areas - location of containers, drums, tanks	Away from drains & risks of spillage	Inconsistent storage of materials	Near to drains, high risk of spillage
1.6	Evidence of Spillage	No spillages, no staining	Some spillages, mild staining	Heavy staining
1.7	Spillage controls	Spillage kit fully stocked & well located	Spillage kit available but poorly stocked or badly located	No spillage kit available
1.8	Ground protection from container leaks	No leaks	Some leaks	Many leaks
1.9	Ground protection from container leaks	Ground protection provided & managed	Inconsistent usage of protection, badly managed	No evidence of ground protection
1.10	Procedures for material handling	Available & communicated to relevant employees	Available but not communicated or updated	Procedures not available
1.11	Preventative maintenance	Process PM programme	General maintenance programme	Reactive maintenance

Effluent Management

2.1	Quantity of Effluent	Continuously monitored & recorded	Monitored occasionally, not on regular basis	Not monitored
2.2	Substances discharged	Non-hazardous	Hazardous but does not require consent to discharge	Hazardous, requires consent to discharge
2.3	Drainage system	Enclosed in process	Enclosed outside of process	Open drain
2.4	Notices & Labels	Effluent pipe work & tanks indicated	Inconsistent labels, some pipe work/tanks indicated	No labelling

Waste Management

3.1	Type of waste	Non-hazardous	Various	Hazardous
3.2	Recycling facilities	Adequate facilities for all types of recyclable waste	Adequate facilities for paper & cardboard recycling	No facilities for recycling
3.3	Monitoring	Quantity continuously monitored for all waste streams	Quantity occasionally calculated for some waste streams	No waste streams monitored
3.4	Containment	Suitable for type & quantity good condition	Suitable for type but not quantity, generated, average condition	Not suitable for amount or type of waste, poor condition
3.5	Fire Risk	Waste stored away from ignition sources at all times	Can temporarily be stored near ignition source	Some/all waste stored near an ignition source
3.6	Segregation	All waste segregated in correct containers	Non-hazardous waste not segregated, hazardous segregated	Hazardous waste mixed with non-hazardous waste
3.7	Housekeeping	Containers emptied regularly, area tidy	Containers emptied when asked, tidiness variable	Containers emptied infrequently, untidy

Risk level	Insignificant	low	Medium	High
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Next Steps:	Who	When

Signed: _____ Date: _____

ANY COMPANY HEALTH & SAFETY SPECIFIC RISK ASSESSMENT 4

Level 2 –Hazardous Substances

Initial Risk Assessment

HAZ Ref No: ?

Business Unit:	Department:
Lead Assessor:	Date of Assessment:

Process/Activity:

Describe the process/task under normal working conditions and identify equipment, MSDS (Material Data Safety Sheet and Date) and PPE used.

Note: Any Data Sheet or label carrying the following Risk Phrases must be referred for a full COSHH Assessment: R42, R45, R46, R48, R49, R60 and R61

1	Hazard	Irritant	Corrosive	Harmful	Toxic
2	Hazard Effect	Minor	Sensitiser	Long Term Illness	Carcinogenic
3	Physical Form	Dust / Powder			
4	Liquid Volatility	Liquid / Fume / Gas / Vapour			
5	Dustiness	No visible dust		Some dust	High (Less than 50°)
6	Contact	Inhalation / Ingestion			
7	Exposure Limit	WEL (Workplace Exposure Limit) or below		Greater than WEL	
8	Frequency of Exposure	Monthly	Fortnightly	Weekly	Daily
9	Period of Exposure	<1 hour		< ½ day	
10	Likelihood of Exposure	Remote	Occasional	Probable	Certain
11	Effects of Exposure	No Harm	Minor Symptoms	Major Symptoms	Disease
12	Control Measures	Suitable / applied	Mostly suitable / applied	Poorly applied	Required but not applied
13	PPE	Not required or suitable / maintained	Some PPE	Minimum PPE	No PPE
14	LEV	Not applicable	Suitable and sufficient	Not maintained	None
15	General Ventilation	Good / Fan assisted	Adequate (windows)	Stuffy	None
16	Normal Working	Regular task	Periodic task	Infrequent task	Unusual
17	Emergency Procedures	Displayed and tested	Some information available	Poor quality information	None
18	Information Leaflets	Relevant and clearly displayed	Mostly relevant and displayed	Irrelevant / difficult to access	None
19	Written Task Description	Displayed procedure including HSE	Adequate procedure - some HSE	Poor procedure - no HSE	None
20	Eating / Drinking restriction	Yes		No	
21	Air Monitoring	Not necessary	Completed - results available	Arranged – not carried out	None
22	Health Surveillance	No symptoms	No recent symptoms	Recent symptoms	Regular signs of illness
23	Training	Operators aware of hazards and control measures	Operators aware of some hazards and measures	Operators have no knowledge of hazards	
Risk Level		Insignificant	Low	Medium	High

Note 1). Any entries in the medium or high risk level must result in a full COSHH assessment being carried out

Note 2). Any use of explosive, flammable or oxidising chemicals require a Workplace or Fire Risk assessment

Next Steps:	Who	When

Signed: _____ Date: _____