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| **RA Reference** |  | **Activity Description** |  |
| **Assessment Date** |  | **Assessor Name** |  |
| **Assessment Team Members** |  | **Planned Review Date** |  |
| **Location** |  | **Number Of People Exposed** |  |
| **Overall Residual Risk Level following implementation of effective control measures** | e.g. 8 – Medium risk | **People Exposed** | e.g. All EmployeesService UsersVisitorsMembers of the publicVulnerable Children/ AdultsPersons with pre-existing medical conditionsFirst AidersNew/ Expectant Mothers |
| **Assessment Last Updated** |  |  |  |
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| **Hazard Description and How are people at risk** | **Current Control Measures** | **Potential Risk** | **Additional Control Measures** | **By Whom/when** | **Residual Risk** |
|  | * Please list current controls in place.
 | **10 - Medium Risk**L5 x S2 | Please list any required additional controls |  | **8 - Medium Risk**L4x S2 |

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| **Assessment Conclusion** | E.g. Providing the stated control measures are implemented and adhered to can reduce to a manageable level in normal circumstances. This risk assessment will be reviewed as required and compliance with the control measures monitored Guidance and the CCC 5 x 5 Risk Matrix can be viewed here [Safety Procedure No 15 – Risk Assessment](http://www.intouch.ccc/elibrary/Content/Intranet/535/615/984/3793011104.pdf?timestamp=43622112026) |

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