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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 Employees Service Users Visitors Members of the public Vulnerable Children/ Adults Persons with pre-existing medical conditions First Aiders New/ Expectant Mothers | | **Assessment Last Updated** | |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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 | | | | | | | | **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) | | | | |  |