**Risk Assessment: <Insert Activity/Event>**

| **Date:**  | **Assessed by:**  | **Location :** | **Review :** |
| --- | --- | --- | --- |
|  / /20 | <Insert Name> | <Insert location> | < Review Date> |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What are the Hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Risk Rating** | **What else can you do to control this risk?** | **Resultant Risk Rating** | **Action by whom** | **Target date** | **Complete** |
| *Slips and trips**Spillages/loose cables* | *Staff may be injured if they slip on spillages or trip on cables or objects left on the floor.* | * *There is general good housekeeping policy in the organisation*
* *Wet floor signs are always used*
* *Staff use electrical sockets nearest to where they are working to reduce the risk of tripping over leads*
 | *L* | * *Introduce a two-mop system for cleaning floors (wet mopping followed by dry mopping)*
* *Remind staff to wear sensible shoes, e.g. flat shoes with a good grip*
 | *L* | *Joe Bloggs* | *25/12/16* | *Yes**14/09/15**Joe Bloggs* |
|  |  |  | L |  | L |  |  |  |
|  |  |  | M |  | L |  |  |  |
|  |  |  | H |  | L |  |  |  |

NB Copy and paste rows as required