

# Location Risk Assessment RA2



## A. Assessment Location & Details - Complete all boxes.

| Address or GPS location of Activity | Type of Location  | Copies to:   | Contact details of Activity Manager              |
|-------------------------------------|---|--|--|
|                                     | <input type="checkbox"/> Indoor Public Place<br><input type="checkbox"/> Outdoor Public Place<br><input type="checkbox"/> Indoor Private Place<br><input type="checkbox"/> Outdoor Private Place<br><input type="checkbox"/> Near Water<br><input type="checkbox"/> Near Pylons<br><input type="checkbox"/> Other | <input type="checkbox"/> Local Authority<br><input type="checkbox"/> Team Members<br><input type="checkbox"/> Location Owner / Maintainer<br><input type="checkbox"/> Local Police<br><input type="checkbox"/> Local Fire Brigade<br><input type="checkbox"/> Animal Welfare<br><input type="checkbox"/> Sub-contractors<br><input type="checkbox"/> Other | Name:<br><br>Address:<br><br><br>Contact number: |

| Overview of location use and activity being undertaken | Team Members | Date of Assessment |
|--|--------------|--------------------|
|  |              |                    |
|  |              | Date of Activity   |
|  |              |                    |

|                          |                     |      |  |
|--------------------------|---------------------|------|--|
| <b>Student Assessing</b> | Name:<br>Signature: | Date |  |
| <b>Module Leader</b>     | Name:<br>Signature: | Date |  |

For the purpose of this Risk Assessment BOTH Staff & Students of the University are to be considered as Employees.

**B. Hazard List - Tick all appropriate hazards from below.**

| 1. Situation Hazards   | 2. Physical / Chemical Hazards   | 3. Health Hazards  | 4. Environmental Hazards  |
|--|--|--|---|
| <input type="checkbox"/> 1.1 Asbestos<br><input type="checkbox"/> 1.2 Assault by person<br><input type="checkbox"/> 1.3 Attack by animal<br><input type="checkbox"/> 1.4 Breathing compressed gas<br><input type="checkbox"/> 1.5 Cold environment<br><input type="checkbox"/> 1.6 Crush by load<br><input type="checkbox"/> 1.7 Drowning<br><input type="checkbox"/> 1.8 Entanglement in moving machinery<br><input type="checkbox"/> 1.9 Hot environment<br><input type="checkbox"/> 1.10 Intimidation<br><input type="checkbox"/> 1.11 Lifting Equipment<br><input type="checkbox"/> 1.12 Manual Handling<br><input type="checkbox"/> 1.14 Object falling, moving or flying<br><input type="checkbox"/> 1.15 Obstruction / Exposed feature<br><input type="checkbox"/> 1.16 Sharp object / material<br><input type="checkbox"/> 1.17 Slippery surface<br><input type="checkbox"/> 1.18 Trap in moving machinery<br><input type="checkbox"/> 1.19 Trip hazard<br><input type="checkbox"/> 1.20 Vehicle impact / collision<br><input type="checkbox"/> 1.21 Working at height | <input type="checkbox"/> 2.1 Contact with cold liquid / vapour<br><input type="checkbox"/> 2.2 Contact with cold surface<br><input type="checkbox"/> 2.3 Contact with hot liquid / vapour<br><input type="checkbox"/> 2.4 Contact with hot surface<br><input type="checkbox"/> 2.5 Electric shock<br><input type="checkbox"/> 2.6 Explosive blast<br><input type="checkbox"/> 2.7 Explosive release of stored pressure<br><input type="checkbox"/> 2.8 Fire<br><input type="checkbox"/> 2.9 Hazardous Substance<br><input type="checkbox"/> 2.10 Ionizing radiation<br><input type="checkbox"/> 2.11 Laser light<br><input type="checkbox"/> 2.12 Lightning strike<br><input type="checkbox"/> 2.14 Noise<br><input type="checkbox"/> 2.15 Non-ionizing radiation<br><input type="checkbox"/> 2.16 Stroboscopic light<br><input type="checkbox"/> 2.17 Vibration | <input type="checkbox"/> 3.1 Disease causative agent<br><input type="checkbox"/> 3.2 Infection<br><input type="checkbox"/> 3.3 Lack of food / water<br><input type="checkbox"/> 3.4 Lack of oxygen<br><input type="checkbox"/> 3.5 Physical fatigue<br><input type="checkbox"/> 3.6 Repetitive action<br><input type="checkbox"/> 3.7 Static body posture<br><input type="checkbox"/> 3.8 Stress | <input type="checkbox"/> 4.1 Litter<br><input type="checkbox"/> 4.2 Nuisance noise / vibration<br><input type="checkbox"/> 4.3 Physical damage<br><input type="checkbox"/> 4.4 Waste substance released into air<br><input type="checkbox"/> 4.5 Waste substance released into soil |
|  |  |  | 5. Other  |
|  |  |  |   |

**C. Risk Matrix for reference - Consider the severity of each ticked hazard from Part B.**

| Severity of Harm | Likely         | Probable | Possible | Remote   | Improbable |
|------------------|----------------|----------|----------|----------|------------|
| Fatal            | Extremely High | High     | High     | Medium   | Low        |
| Major Injury     | High           | High     | Medium   | Low      | Low        |
| Minor Injury     | Medium         | Medium   | Low      | Low      | Very Low   |
| No Injury        | Low            | Very Low | Very Low | Very Low | Very Low   |
| Machinery        | N/A            | N/A      | N/A      | N/A      | N/A        |

Fatal - Fatal injury could be a consequence.

Major Injury - Significant injury and hospitalisation.

Minor Injury - Injury requiring treatment onsite but the individual walks away.

No Injury - Where no direct injury but could cause a distraction or something else that has been identified.

Machinery - Consider any damage to essential machinery such as access platforms or generators.

Consider all Medium, High and Extremely High determinations as unacceptable risks where control measures must be applied to reduce the risk.

**D. Assessment Findings - Document the risks found in Part B & Part C, the severity and people at risk.**

| Hazard<br><small>(from Part B)</small> | Who's Exposed  | Risk Outcome<br><small>(from Part C)</small>   | Likelihood of Occurrence<br><small>(from Part C)</small>  | Acceptable Risk?  | Control Measures<br><br><small>(What has been done or needs to be done to reduce the risk?)</small> | Acceptable with Controls?                                   |
|--|--|--|---|---|---|---|
|  | <input type="checkbox"/> Employee<br><input type="checkbox"/> Young Person<br><input type="checkbox"/> Contractor<br><input type="checkbox"/> Public<br><input type="checkbox"/> Visitor | <input type="checkbox"/> Fatal<br><input type="checkbox"/> Major Injury<br><input type="checkbox"/> Minor Injury<br><input type="checkbox"/> No Injury<br><input type="checkbox"/> Machinery | <input type="checkbox"/> Likely<br><input type="checkbox"/> Probable<br><input type="checkbox"/> Possible<br><input type="checkbox"/> Remote<br><input type="checkbox"/> Improbable | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
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**If there are any risks that are unacceptable with controls the activity cannot proceed.**