# Risk Assessment FormOxford Brookes University logo image

**OBU-HAS-FORM-7a.00**

| Faculty/School/Directorate |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Detailed description of Activity/Task/Equipment being assessed Provide as much detail as possible e.g. dates, times, locations, whether children may be involved |  | | | | | | |
| Name/role of people consulted during assessment |  | Date of Assessment | |  | | Date of Review |  |
| Sign off | | | | | | | |
|  | Acknowledgement | | Name | | Signature / e-signature | | Date |
| Risk Assessor | By signing this risk assessment, I acknowledge my responsibility as the Risk Assessor for conducting this risk assessment in accordance with Risk Assessment Procedure. | |  | |  | |  |
| Checked By (where appropriate) | By signing this risk assessment, I acknowledge my responsibility as the checker for this risk assessment in accordance with Risk Assessment Procedure. | |  | |  | |  |
| Authorised by (Line Manager) | By signing the risk assessment, I acknowledge my responsibility as the Line manager/Supervisor for reviewing and approving this risk assessment | |  | |  | |  |

| Hazards What could reasonably be expected to occur | Who is at Risk  * Who might be hurt? * How bad could it reasonably be? | Current Controls Reference all Safe Systems of Work (SSOW), Standard Operating Procedures (SOP) and Emergency Procedures | Risk Rating (**C**onsequence x **L**ikelihood = R) | | | Additional Controls Required Low risk hazards are unlikely to require additional controls | Residual Risk Rating (**C**onsequence x **L**ikelihood = R) | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C** | **L** | **R** | **C** | **L** | **R** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Risk Rating Matrix**

| **Rating** | **Interpretation** | **Authorisation** |
| --- | --- | --- |
| ≤ 6 = Low Risk | Acceptable but ensure that controls are maintained | Line Manager or equivalent |
| 8 -12 = Medium Risk | Adequate but look to improve if reasonably practicable | Line Manager or equivalent |
| 15 – 25 = Unacceptable Risk | STOP activity and make immediate improvements | PVCD Faculty/Director of Directorates |

| **Risk Matrix** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Consequence**  **Likelihood** | Minor  (1) | Low  (2) | Medium  (3) | High  (4) | Major  (5) |
| Almost Certain (5) | **5** | **10** | **15** | **20** | **25** |
| Likely (4) | **4** | **8** | **12** | **16** | **20** |
| Possible (3) | **3** | **6** | **9** | **12** | **15** |
| Unlikely (2) | **2** | **4** | **6** | **8** | **10** |
| Very Unlikely (1) | **1** | **2** | **3** | **4** | **5** |

| CONSEQUENCE (considered **WITH** controls in place) | | |  | LIKELIHOOD (considered **WITH** controls in place) | | |
| --- | --- | --- | --- | --- | --- | --- |
| 5 | Major | * Fatality (ies) * Severe or chronic illnesses or permanent life changing impact |  | 5 | Almost Certain | * Almost certain to happen. Is happening now. |
| 4 | High | * Injury such as fracture of bones, dislocation, or acute ill health e.g. occupational asthma, occupational dermatitis |  | 4 | Likely | * It has happened in the past year |
| 3 | Medium | * An injury that requires first aid treatment and subsequent treatment by health care professional * No lost time illnesses and no chronic/acute health effects |  | 3 | Possible | * It has happened or is likely to happen within 2 years |
| 2 | Low | * An injury that requires basic first aid treatment such as administering a plaster, individual able to continue at work e.g. minor cuts, bruising, abrasions, strains or sprains |  | 2 | Unlikely | * Is unlikely to happen in next 2 years |
| 1 | Minor | * Superficial or no physical injury or health effects |  | 1 | Very Unlikely | * Very unlikely to happen |