

## RISK ASSESSMENT FORM Appendix C

|   |  |              |              |                       |                            |
|---|--|--------------|--------------|-----------------------|----------------------------|
| C<br>O<br>N<br>S<br>E<br>Q<br>U<br>E<br>N<br>C<br>E | RISK RATING MATRIX                                       | LIKELIHOOD   |              |                       |                            |
|   |  | Probable (A) | Possible (B) | Remote / Unlikely (C) | Improbable / Negligible(D) |
|   | Fatal injuries (4)/ Permanent Environmental Effect       | High (4A)    | High (4B)    | Medium (4C)           | Low (4D)                   |
|   | Major Injuries (3)/ Major Environmental Effect           | High (3A)    | High (3B)    | Medium (3C)           | Low (3D)                   |
|   | Minor Injuries (2)/ Minor Environmental Effect           | Medium (2A)  | Medium (2B)  | Low (2C)              | Low (2D)                   |
|   | Negligible Injuries (1)/ Negligible Environmental Effect | Low (1A)     | Low (1B)     | Low (1C)              | Low (1D)                   |

**ACTIVITY / LOCATION:** **HERD FARM RESIDENTIAL EDUCATION CENTRE: Classroom**

| HAZARD                   | EFFECT | RISK RATING | CONTROL  | RESPONSIBILITY                     | RESIDUAL RISK RATING |
|--------------------------|--------|-------------|--|------------------------------------|----------------------|
| Equipment , e.g. querns  | Injury | 2C          | Activity briefing emphasises equipment only to be used correctly and with permission<br>Staff : learner ratio 1 : 12 | Activity leader + all participants | 2D                   |
| Kettle                   | Scald  | 3C          | Activity briefing – kettle to be handled by staff member<br>Staff : learner ratio 1 : 12                             | Activity leader + participants     | 3D                   |
| Contact with tables, etc | Injury | 2C          | Activity briefing emphasises care when moving around room, entering/exiting room<br>Staff : learner ratio 1 : 12     | Activity leader + participants     | 2D                   |
|                          |        |             |  |                                    |                      |
|                          |        |             |  |                                    |                      |

Assessment by (Print Name) **MICHEAL WOOLDRIDGE** Signature *M. Wooldridge*

Date **JAN 2008**

Review date (if applicable) **JANUARY 2009** (generally 12 months or following any significant change or an incident)

Note: Any assessments carried out for expectant mothers, young persons, children, etc must be in conjunction with Health and Safety Manager