

## 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: MAIN BUILDING**

| HAZARD             | EFFECT                  | RISK RATING | CONTROL                                                 | RESPONSIBILITY                       | RESIDUAL RISK RATING |
|--------------------|-------------------------|-------------|---------------------------------------------------------|--------------------------------------|----------------------|
| FALL               | HEAD INJURY<br>FRACTURE | 3C          | GROUP BRIEFING/REGULAR<br>HOUSEKEEPING                  | GROUP<br>LEADER                      | 3D                   |
| TRIP               | HEAD INJURY<br>FRACTURE | 3C          | GROUP BRIEFING/REGULAR<br>HOUSEKEEPING                  | GROUP<br>LEADER                      | 3D                   |
| EQUIPMENT FAILURE  | INJURY                  | 2C          | GROUP BRIEFING/REGULAR<br>HOUSEKEEPING EQUIPMENT CHECKS | CENTRE<br>MANAGER                    | 2D                   |
| EQUIPMENT MISUSE   | INJURY                  | 2C          | GROUP BRIEFING/REGULAR<br>HOUSEKEEPING EQUIPMENT CHECKS | GROUP<br>LEADER                      | 2D                   |
| INDOOR ENVIRONMENT | INJURY                  | 2C          | GROUP BRIEFING/REGULAR<br>HOUSEKEEPING                  | CENTRE<br>MANAGER<br>GROUP<br>LEADER | 2D                   |

Assessment by (Print Name) **MICHEAL WOOLDRIDGE** Signature *M. Wooldridge* Date **OCT2006**

Review date (if applicable) **Jan 2008** (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