

Risk Assessment Guidance

The assessor can assign values for the hazard severity (a) and likelihood of occurrence (b) (taking into account the frequency and duration of exposure) on a scale of 1 to 5, then multiply them together to give the rating band:

Hazard Severity (a)		Likelihood of Occurrence (b)	
1 – Trivial	(eg discomfort, slight bruising, self-help recovery)	1 – Remote	(almost never)
2 – Minor	(eg small cut, abrasion, basic first aid need)	2 – Unlikely	(occurs rarely)
3 – Moderate	(eg strain, sprain, incapacitation > 3 days)	3 – Possible	(could occur, but uncommon)
4 – Serious	(eg fracture, hospitalisation >24 hrs, incapacitation >4 weeks)	4 – Likely	(recurrent but not frequent)
5 – Fatal	(single or multiple)	5 – Very likely	(occurs frequently)

The risk rating (high, medium or low) indicates the level of response required to be taken when designing the action plan.

	Trivial	Minor	Moderate	Serious	Fatal
Remote	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Likely	4	8	12	16	20
Very likely	5	10	15	20	25

Rating Bands (a x b)		
LOW RISK (1 – 8)	MEDIUM RISK (9 - 12)	HIGH RISK (15 - 25)
Continue, but review periodically to ensure controls remain effective	Continue, but implement additional reasonably practicable controls where possible and monitor regularly	-STOP THE ACTIVITY- Identify new controls. Activity must not proceed until risks are reduced to a low or medium level

Risk Assessment Record

Risk Assessment of:	Assessor(s):	Date:
Overview of activity / location / equipment / conditions being assessed:		
Generic or specific assessment? Specific for this one-off event	Context of assessment (delete as appropriate): planning stage / 'desk-top' exercise / site visit / in consultation with employees / in consultation with managers / other (please describe)	

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
1	Budget - risk of financial loss	Organisers	•	4	2	8	<ul style="list-style-type: none"> Budget preparation: Protection of SU's/charity's good name:
2	Cash handling - risk of financial loss and accusations of theft	Those handling money	•	4	2	8	<ul style="list-style-type: none"> Management of ticket sales: Financial procedure in event of cancellation: Management of cash at event site: SU cash handling procedures:
3	Crowd management	Organisers, participants/ customers	•	3 4	3 3	9 12	<ul style="list-style-type: none"> Number of participants expected: Booking of event area (room, parade, tables): University staff to inform/request permission: <ul style="list-style-type: none"> Activities Office (Click for form): Security (Click for form): Estates: Request electricity: Accommodation: Management of equipment area: Requirement for additional security staff: Emergency evacuation procedures: First aid procedures:

#	Hazard(s) identified	Persons affected	Existing controls & measures	A	B	A x B	Additional controls required
5	Food - selling food which has been bought already cooked	Customers	•	5	2	10	<ul style="list-style-type: none"> • General food handling: • Cleanliness of tables etc.: • Safety of area: • Health of cooks: • General cleanliness of personnel: • Location of hand/utensil washing facilities:
4	Food - cooking	Customers	•	5	4	20 need to reduce this to medium risk! How??	<ul style="list-style-type: none"> • Meat - purchase: • Meat - storage at home: • Meat - transfer to BBQ site: • Meat - storage at BBQ site: • Meat - cooking: • Meat - handling: • Meat - serving: • General food handling: • Cleanliness of tables etc.: • Safety of area: • Health of cooks: • General cleanliness of personnel: • Location of hand/utensil washing facilities: • Name of person(s) with food hygiene certificate: • BBQ method, location, safety issues:
6	Electricity use and safety	Organisers, participants/ customers	•	5	2	10	<ul style="list-style-type: none"> • Use of electricity requested from (if outside): • Use of Backstage Technical Services: • Electrical safety (PAT) testing: • Distance of appliances from electricity supply:
7			•				
8			•				
9			•				
Assessor name:				Review date: ONE-OFF			

Risk Assessment Action Plan

Action Plan in respect of:					Prepared by:
Ref no.	Action to be taken, incl. Cost	By whom	Target date	Review date	Outcome at review date
Responsible manager's signature:				Responsible manager's signature:	
Print name:		Date:		Date	