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| Health and safety services |

Risk assessment form

Using the FTIR

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| **RISK ASSESSMENT DETAILS** | | | | | | | | | | **DEGREE OF RISK** | | | | | **RISK RATING MATRIX** | | | | | | |
| |  |  | | --- | --- | | Faculty/School/Service | Earth and Environment | | Team | Cohen |  |  |  | | --- | --- | | Risk Assessment Title | Using the FTIR | | Risk Assessment Log Reference |  | | Date | 16/06/2014 | | Name of Assessors | Andy Connelly and Daniela Meier | | Manager Responsible | Caroline Peacock | | Location | Cohen lab suit (level 8 & 9) | | Details of Activity  Using the FTIR | |   Other assessments which might also be required, ✓ if needed:  Manual Handling REF  COSHH REF  Personal Protective Equipment (PPE) ✓ REF  Noise REF  Other REF | | | | | | | | | | |  |  | | --- | --- | | **LIKELIHOOD (L)** | | | 5 | Inevitable | | 4 | Highly Likely | | 3 | Possible | | 2 | Unlikely | | 1 | Remote Possibility | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | **SEVERITY** | | | | | | **LIKELIHOOD** |  | 1 | 2 | 3 | 4 | 5 | | 1 | 1 | 2 | 3 | 4 | 5 | | 2 | 2 | 4 | 6 | 8 | 10 | | 3 | 3 | 6 | 9 | 12 | 15 | | 4 | 4 | 8 | 12 | 16 | 20 | | 5 | 5 | 10 | 15 | 20 | 25 | | | | | | | |
| |  |  | | --- | --- | | **SEVERITY (S)** | | | 5 | Very High -Multiple Deaths | | 4 | High - Death, serious injury, permanent disability | | 3 | Moderate - RIDDOR over 3 days | | 2 | Slight - First Aid treatment | | 1 | Nil - Very Minor | | | | | | **PERSONS AT RISK** | | | | | | |
| |  | | --- | | PERSONS AT RISK | | Employees | | Students | | Clients | | Contractors | | Members of the public | | Work Experience students | | Other Persons | | | | | | | |
| |  |  | | --- | --- | | **REVIEW DATES** | | |  |  | |  |  | |  |  | | | | | | | | | | | |  |  | | --- | --- | | RISK RATING SCORE | ACTION | | 1 - 4 | Broadly Acceptable - No action required | | 5 - 9 | Moderate - Reduce risks if reasonably practicable | | 10 -15 | High Risk - Priority Action to be undertaken | | **16 -25** | Unacceptable **-Action must be taken IMMEDIATELY** | | | | | | | | | | | | |
| **HAZARD AND RELATED ACTIVITIES**  e.g. trip, falling objects, fire, explosion, noise, violence etc. | | **PERSONS**  **AT RISK**  e.g. Employees, Customers, Contractors, Members of the public | | **POSSIBLE OUTCOME** | | **RISK RATING BEFORE CONTROLS (LxS)** | | **EXISTING CONTROLS**  e.g. Guards, Safe Systems of Work, Training, Instruction, Authorised Users, Competent Persons, Personal Protective Equipment (PPE) | | | | | **RISK RATING AFTER CURRENT CONTROLS (LxS)** | | | **FURTHER CONTROLS REQUIRED?** | | | | **RISK RATING AFTER ADDITIONAL CONTROLS (LxS)** | |
| Experiment specific hazards | | Users must carry out risk and COSHH assessments to identify issues with their own experiments. Any lab users at risk from the experiment must be informed. | | | | | | | | | | | | | | | | | | | |
| Chemical hazards | | User | | Irritation of skin and eyes | | 2(l)x2(s)=4 | | All chemical hazards are dealt with in Laboratory COSHH form | | | | | 2(l)x1(s)=2 | | |  | | | |  | |
| Electric Shock | | User | | Electrocution or electric burns | | 2(l)x4(s)=8 | | Regular PAT testing of all electrical equipment | | | | | 1(l)x4(s)=4 | | |  | | | |  | |
| Pulling arm down | | User | | Trapped finger in mechanism | | 2(l)x2(s)=4 | | Follow SOP to avoid and treat with care. | | | | | 1(l)x2(s)=2 | | |  | | | |  | |
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| **MANAGEMENT AGREED**  **ADDITIONAL CONTROL MEASURES REQUIRED** | | | | | **ACTIONED BY** | | | | | | | | | **ACTION COMPLETE** | | | | | | | |
| **POSITION** | | **NAME** | | | | **DATE** | | | **MANAGER SIG** | | | | | **DATE** | | |
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| **COMMUNICATION OF RISK ASSESSMENT FINDINGS TO STAFF** | | | | | | | | | | | | | | | | | | | | |
| **REFERENCE OF FORMAL COMMUNICATION TO STAFF** | | | **METHOD** | | | | | | **YES** | | | **DATE** | | | | | **COMMENTS** | | | |
| Copy of risk assessment issued to staff | | | | | |  | | |  | | | | |  | | | |
| Controls covered in team procedure issued to staff | | | | | |  | | |  | | | | |  | | | |
| Staff Handbook issued to staff | | | | | |  | | |  | | | | |  | | | |
| Other - | | | | | |  | | |  | | | | |  | | | |
| **ADDITIONAL METHODS OF COMMUNICATION** | | | Induction | | | | | |  | | |  | | | | |  | | | |
| Toolbox Talk | | | | | |  | | |  | | | | |  | | | |
| Team Meeting | | | | | |  | | |  | | | | |  | | | |
| E-mail circulation | | | | | |  | | |  | | | | |  | | | |
| Other - | | | | | |  | | |  | | | | |  | | | |

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| **COMMENTS AND INFORMATION**  (Use this section to record any dynamic risk assessment comments and information) |
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| **Do additional controls adequately lower high risk activities to an acceptable level?** | **YES / ~~NO~~**  If NO explain in comments box above | **SIGNATURE OF MANAGER**  "The risks identified in this assessment are controlled so far as is reasonably practicable" | |
| Signature: | Date: |

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| **DATE OF REASSESSMENT**  (Every two years minimum) | **ARE THERE ANY CHANGES TO THE ACTIVITY SINCE THE LAST ASSESSMENT?** | **SIGNATURE OF MANAGER** |
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| **LOCATION OF CURRENT SIGNED RISK ASSESSMENT** |  |