

# PERSONAL HEALTH & SAFETY RISK ASSESSMENT

Employee Name :		Employed at :	
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## REASON FOR PERSONAL RISK ASSESSMENT

Young Person     Expectant Mother     New Mother     Disability     Other  (specify)

Details : .....

Date Employment Commenced		Assessment Date	
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## 1. HAZARD IDENTIFICATION

Area	Hazard Examples	Does the Hazard Apply?	Detail activities that should <b>not</b> be undertaken	Activities needing further training or supervision
Health & Safety	<ul style="list-style-type: none"> <li>Known physical hazards</li> </ul>	Yes / No		
Fire	<ul style="list-style-type: none"> <li>Evacuation procedure</li> <li>Alarms &amp; exits</li> </ul>	Yes / No		
Machines and/or equipment	<ul style="list-style-type: none"> <li>Dangerous machinery</li> </ul>	Yes / No		
Knives	<ul style="list-style-type: none"> <li>Sharp knives/tools</li> </ul>	Yes / No		
Electrical Equipment	<ul style="list-style-type: none"> <li>Portable appliances.</li> <li>Use in wet areas</li> </ul>	Yes / No		
Signage	<ul style="list-style-type: none"> <li>Safety signs</li> </ul>	Yes / No		
Aggression & violence	<ul style="list-style-type: none"> <li>Dealing with clients</li> </ul>	Yes / No		
Lone working	<ul style="list-style-type: none"> <li>Is lone working carried out</li> </ul>	Yes / No		
COSHH	<ul style="list-style-type: none"> <li>Using chemicals</li> <li>Other substances in the workplace</li> </ul>	Yes / No		
PPE	<ul style="list-style-type: none"> <li>Chemicals</li> <li>Chillers/Freezers</li> <li>Fumes</li> </ul>	Yes / No		
DSE	<ul style="list-style-type: none"> <li>DSE user</li> </ul>	Yes / No		
Manual Handling	<ul style="list-style-type: none"> <li>Moving &amp; handling</li> <li>Pushing &amp; pulling</li> </ul>	Yes / No		
Working at height	<ul style="list-style-type: none"> <li>Use of ladders/steps</li> <li>High shelving</li> </ul>	Yes / No		
Deliveries	<ul style="list-style-type: none"> <li>Unloading</li> <li>Moving vehicles</li> </ul>	Yes / No		

2. LIST THOSE ACTIVITIES WITHIN THE PERSON'S JOB THAT THE PERSON SHOULD NOT CARRY OUT AT PRESENT

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....

3. LIST THOSE AREAS WHERE ADDITIONAL TRAINING / SUPERVISION / PRECAUTIONS ARE REQUIRED

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....

4. LIST OTHER RELEVANT INFORMATION DISCUSSED WITH THE EMPLOYEE

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4. IF ITEMS ARE LISTED IN SECTIONS 2 OR 3, AGREE A DATE WITH THE EMPLOYEE TO REVIEW THE ASSESSMENT

Assessment Review Date :	
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Signed by employee to confirm;

- 1. *That they understand and agree the activities they should not undertake*
- 2. *That they understand those activities that may only be carried out*
- 3. *That they understand that this assessment will be reviewed again on the date above.*

Employee Signature :		Date :	
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Manager's Signature :		Date :	
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**NOW FILE ON EMPLOYEE'S PERSONNEL FILE!**