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| **HAZARD AND RISK ASSESSMENT CHECKLIST** | | | | | | | | | |
| Venue: |  | | | Date: | |  | | Time: |  |
| Check completed by: | |  | Date for review: | | | |  | | |
| **PARKING AREA AND DRIVEWAY** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Entrance and exits clearly marked | | |  |  |  | | | | |
| Surface of parking area and driveways free from potholes, cracks and other trip hazards | | |  |  |  | | | | |
| Well drained areas to prevent flooding and pooling of water | | |  |  |  | | | | |
| Adequate lighting installed and operational | | |  |  |  | | | | |
| Potential vehicle damage areas, corners, guardrails and entrances effectively marked | | |  |  |  | | | | |
| **PEDESTRIAN AREAS** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Continuous clear accessible pathway ie no barriers | | |  |  |  | | | | |
| Surface free of holes and projections | | |  |  |  | | | | |
| Well drained area to prevent flooding | | |  |  |  | | | | |
| Adequate illumination of walkways, stairways and ramps | | |  |  |  | | | | |
| Emergency entrance and exits clear, well defined and lit | | |  |  |  | | | | |
| **BOUNDARIES AND ACCESS POINTS** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Walls, gates and fences in good order without gaps or protrusions | | |  |  |  | | | | |
| Childproof locks fitted to gates where needed | | |  |  |  | | | | |
| **SHADE** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Adequate protection from sun provided | | |  |  |  | | | | |
| Sunscreen is accessible | | |  |  |  | | | | |
| People are encouraged to wear hats and other protective clothing when outside | | |  |  |  | | | | |
| **CHILDREN’S PLAY EQUIPMENT** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| No protruding bolts, nails or splinters | | |  |  |  | | | | |
| Regular checks of equipment | | |  |  |  | | | | |
| **OTHER** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Gardens free of sharp objects and animal droppings (broken glass, metal, wood splinters, etc) | | |  |  |  | | | | |
| Storage areas tidy and locked | | |  |  |  | | | | |
| **INTERNAL ENVIRONMENT** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Adequate locks on all external doors and windows | | |  |  |  | | | | |
| Keys are registered and records kept of who is holding them | | |  |  |  | | | | |
| Emergency procedures displayed | | |  |  |  | | | | |
| Emergency telephone numbers displayed at telephone | | |  |  |  | | | | |
| **FLOORS/AISLES/EXITS** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Entrances/steps in good order | | |  |  |  | | | | |
| Hand rails where appropriate | | |  |  |  | | | | |
| Floor coverings in good repair | | |  |  |  | | | | |
| Floors even, uncracked, no holes and not slippery | | |  |  |  | | | | |
| Entrances, doorways and stairs kept clear | | |  |  |  | | | | |
| Cords secured and clear of walkways | | |  |  |  | | | | |
| **STAIRS AND LANDINGS** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Lighting adequate | | |  |  |  | | | | |
| Handrails present and at correct height | | |  |  |  | | | | |
| **LIGHTING AND INDOOR CLIMATE** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Lighting in the workplace suitable for work performed | | |  |  |  | | | | |
| Stairwells and exits well illuminated | | |  |  |  | | | | |
| Accessible light switches | | |  |  |  | | | | |
| **BATHROOMS/TOILETS** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Adequate toilets (male/female/accessible) | | |  |  |  | | | | |
| Nappy change facilities available | | |  |  |  | | | | |
| **KITCHEN/LUNCH ROOMS** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Suitable eating/tea break facilities | | |  |  |  | | | | |
| Sink, hot water and detergent for washing feeding implements | | |  |  |  | | | | |
| Suitable surface for preparing infant foods | | |  |  |  | | | | |
| Refrigeration available | | |  |  |  | | | | |
| Locked cupboards/drawer for knives and other sharp implements | | |  |  |  | | | | |
| **HOUSEKEEPING** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Materials and equipment stored safely | | |  |  |  | | | | |
| Storage designed to minimise manual handling | | |  |  |  | | | | |
| Procedures in place to ensure that any accidental spills or leakages are immediately cleaned up | | |  |  |  | | | | |
| Employees/volunteers provided with personal protective equipment for cleaning, eg disposable gloves | | |  |  |  | | | | |
| **HAZARDOUS SUBSTANCES** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Chemicals are clearly labelled | | |  |  |  | | | | |
| Material Safety Data Sheets (MSDS) for all hazardous substances kept | | |  |  |  | | | | |
| Locked cupboard/drawer for hazardous substances | | |  |  |  | | | | |
| Emergency procedures in place and communicated to workers/volunteers | | |  |  |  | | | | |
| **FIRST AID** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| First aid kit complete as required | | |  |  |  | | | | |
| Locked cupboard/drawer for hazardous substances | | |  |  |  | | | | |
| Emergency procedures in place and communicated to workers/volunteers | | |  |  |  | | | | |
| **FIRST AID** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| First aid kit complete as required | | |  |  |  | | | | |
| Current first aid certificate held by first aid officer (if applicable) | | |  |  |  | | | | |
| Gloves used for treatment of all injuries | | |  |  |  | | | | |
| Register of injuries kept | | |  |  |  | | | | |
| **WORKSTATIONS/OFFICE FURNITURE** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Filing cabinets/cupboards, TV sets, bookshelves stable or secured to walls to prevent tipping | | |  |  |  | | | | |
| No sharp edges and broken items | | |  |  |  | | | | |
| Seats adjusted for the person using them | | |  |  |  | | | | |
| Computer equipment adjusted and stable | | |  |  |  | | | | |
| Desk correct height for work performed | | |  |  |  | | | | |
| Cables are secure behind work surface | | |  |  |  | | | | |
| **ELECTRICITY AND ELECTRICAL EQUIPMENT** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Plugs, sockets and switches located in a safe place and free from obvious defects (Check for loose covers or wires, broken fittings, signs of overheating) | | |  |  |  | | | | |
| No frayed or defective leads | | |  |  |  | | | | |
| Earth leakage protection installed | | |  |  |  | | | | |
| Main and isolating switches clearly labelled and accessible | | |  |  |  | | | | |
| Electrical installations and equipment regularly inspected, checked and maintained | | |  |  |  | | | | |
| Photocopiers located in a well-ventilated room | | |  |  |  | | | | |
| **FIRE EXITS AND PROCEDURES** | | | **YES** | **NO** | **COMMENT/ACTION BY** | | | | |
| Smoke detectors and alarms in working order | | |  |  |  | | | | |
| Accessible fire exits and uncluttered fire exits | | |  |  |  | | | | |
| Appropriate exit signs | | |  |  |  | | | | |
| Fire blankets provided where appropriate | | |  |  |  | | | | |
| Appropriate extinguishers for the conditions and exposures | | |  |  |  | | | | |

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| **Risk Assessment Rating Matrix** | | | | | |
| **Consequences – How severely could it hurt someone?** | | | | | |
| **Likelihood – How likely is it**  **to hurt someone?** |  | **Kill or cause permanent disability or ill health** | **Long term illness**  **or serious injury** | **Medical attention and several days off work** | **First aid needed** |
| **Very likely** | High | High | High | Medium |
| **Likely** | High | High | Medium | Medium |
| **Unlikely** | High | Medium | Medium | Low |
| **Very unlikely** | Medium | Medium | Low | Low |

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| **Risk Control Action Plan** | | | | | | | |
| **IDENTIFIED HAZARD** | | **POSSIBLE SOLUTIONS**  **Use Hierarchy of Control** | | | **PRIORITY**  **High / Medium / Low** | | |
|  | |  | | |  | | |
| **ACTION PLAN:** | | | | | | | |
| **Action Needed** | | | **By Whom** | **By When** | | | **Review Date** |
|  | | |  |  | | |  |
| **REVIEW** | **Person responsible for review:** | |  | | | **Review due by:** |  |