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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:** |  |