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| EY Team **RISK ASSESSMENT** |

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| Pupil : | Setting: | Lead staff member: |
| Plan number: 1 | Date plan completed: | Review date: |

**RISK ASSESSMENT**

What risks and hazards are created by the issues identified above ?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Impact / Severity | High | AMBER | AMBER | **RED** | | Med | GREEN | AMBER | AMBER | | Low | GREEN | GREEN | GREEN | |  | | Low | Med | High | | Likelihood | | | |

*Please use the traffic light matrix above to identify individual hazards and levels of risk in boxes below. Use ‘R’ ‘A’ ‘G’ for Red, Amber, Green.*

Hazard:… …… …………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Initial risk** | | | Control Measures: **(existing controls / precautions) should be considered.** |  |
| Likelihood | Impact / Severity | Risk  Level | Preventative & Protective Measures:  **(IP)** = measures in place:  **(TP)** = measures to be put in place / date of completion. | **Member(s) of staff responsible** |
| H | H | **RED** |  |  |

Hazard:…… …………………………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial risk** | | | Control Measures: **(existing controls / precautions) should be considered.** |
| Likelihood | Impact / Severity | Risk  Level | Preventative & Protective Measures:  **(IP)** = measures in place:  **(TP)** = measures to be put in place / date of completion. | **Member(s) of staff responsible** |
| H | H | **RED** |  |  |

**Debrief after an incidents**

**Signed by**

**This plan has been agreed by:**

(Print & sign name/s)

Date: