

# 01.01a St Paul's Pre-school Risk Assessment Form



Task/activity/equipment being assessed:

Assessor's name: \_\_\_\_\_ Date completed: \_\_\_\_\_ Review date: \_\_\_\_\_

Description of potential hazard/threat	Indicate who might be harmed				Actions we should take to minimise the threats	Severity	Frequency	Risk rating
	Staff	Children	Visitors	Others				
1						X	=	
2						X	=	
3						X	=	
4						X	=	
5						X	=	
6								
7								
8								
9								
10								

**Severity rating**

- 1-. Trivial injury
- 2-. Requires first aid (one day off)
- 3-. Minor injury (three days off)
- 4-. Disabling multiple injury- Death

**Frequency rating**

- 1-. Improbable- Unlikely though conceivable
- 2-. Possible
- 3-. Occasional
- 4-. Regular

**Risk rating**

- 1-5 Acceptable risk. No remedial action required
- 6-8 Control or further measures necessary
- 9-16 Activity not to take place until a full review can be carried out, the risk has been reduced, control measures are in place and a new assessment has been completed

Specified control measures must be introduced to reduce the risks if rating exceeds 6 for any part of the activity.

	Item from risk assessment	Additional control measures	Review date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Declaration**

I have carried out this risk assessment on the date specified on page one. I consider that the hazards and risks identified are acceptable providing that the control measures (and if any additional control measures) are implemented.

Name of assessor:

Signature:

Date:

Supervisor's signature: