

Health and Safety Risk Assessment

Academy / School		Assessment No.	
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Site		Location	
Subject of Assessment			
Assessed by		Date	
		Review date	
Details of workplace/activity			Persons Affected (Who may be harmed)

Hazards and Risks		Existing Control Measures	Risk Level (Very High, High, Medium, Low)	Further Actions √/X (If √ See Actions)
1.				
2.				
3.				
4.				

5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

ACTION PLAN (Additional Control Measures Required/Recommended Actions)				
Hazards and Risks		Recommended Actions		

Please note:

Following assessment if no further actions are assessed to be required please mark an **X** in the "Further Actions" box. If however additional controls or actions are assessed to be required please place a **√** in the box and note the action in the action plan.

Any further actions identified should be completed before the assessed task is carried out.