

Risk Assessment Form – Managing Health and Safety

Ref. No:

Directorate and Team:	Completed by: S Yildiz and P Dix	Manager: JLevingstone
Activity and workplace: Quiet room	Written March 22 nd 2024	<i>JLevingstone</i>

What are the hazards? (i.e. what might cause harm)	Who is affected and how?	What are you already doing to control the hazards?	Risk		Further action required?	By whom	By when	Do ne
			No.	L/M/H				
Plugs and cables/ interactive whiteboard- trips/ electric shocks Resources in room are on the floor - could be trip and slip hazard Fingers trapped on inside of door Room gets hot with lights	Children and staff	Ensure these are plugged in at all times so no drooping wires. . Sockets turned off at night.	4	2	Cables be trunked against wall and socket moved to inside wall cupboards	Outside Contractor	Autumn 24	
		Equipment stored in locked cupboards with keys inaccessible to children and weekly resources in lidded boxes at the side of the room.	1	3				
		Finger safe guard on one side of door	2	2				
		Blinds used and window opened. Lights to be turned off when not needed.	1	2				

Injury Severity

- | |
|--|
| 1. Minor injury (first aid only)
2. Serious injury (medical attention, time off work)
3. Major injury (broken bones etc)
4. Death |
|--|

X

Likelihood

- | |
|---|
| 1. Rare
2. Unlikely
3. Likely
4. Very likely |
|---|

=

Risk rating

- | |
|---|
| 1-3. Low : no further action needed – keep under review
4-8. Medium: implement reasonable measures as per action plan
9-16. High: work cannot start until risk has been reduced |
|---|

Review annually, or after an incident, or if there are changes to the task, environment, equipment or the people affected.					
Review	Review	Next Review April 25	Review	Review	Review
Date & Initial June 21- <i>JL</i>	Date & Initial June 22- <i>JL</i>	Date & Initial April 24- JG	Date & Initial	Date & Initial	Date & Initial



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