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| --- | --- | --- | --- | --- |
| Likelihood | |  | Impact | |
| Almost Impossible | | 1 | Insignificant (minor injury, no time off) | |
| Unlikely | | 2 | Minor (non-permanent injury, up to 3 days off) | |
| Possible | | 3 | Moderate (injury causing more than 3 days off) | |
| Likely | | 4 | Major (death or serious injury) | |
| Almost Certain | | 5 | Catastrophic (multiple deaths) | |
| Risk rating Likelihood X Impact | | | | |
| **Low =1-3** | **Moderate = 4-7** | | **Significant =**  **8-14** | **High =**  **15-25** |

Risk Assessment Form – RA – Jubilee Library Stand

|  |  |  |  |
| --- | --- | --- | --- |
| **Task / Activity**  *Describe what activity this assessment covers* | Exhibition: | | |
| **Workplace**  *Describe where this activity takes place* | Jubilee Library Exhibition Services  Location: | | |
| **Dates of Exhibition** |  | Review Date |  |
| **Exhibitor/Assessor** |  | **Signature** |  |
| **Staff involved in assessment** |  | **Version** | V1 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Hazard** | | Consequence of Hazard | **Persons at Risk** | **Current Control Measures** | **Risk Rating** | | |
| **L** | **I** | **R** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Recommended Control Measures** | | **Revised Risk**  **L X I = H,S, M,OR L** | **Management Action Plan and Implementation Date(s)** | | |
| **Action** | **By Whom** | **Deadline** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **Generic Risk Assessments - Is an additional site specific assessment required?**  Where generic assessments are produced the actual workplace must be checked to ensure other hazards have not been omitted (tick appropriate box) | **No** | **No** | **Yes** |  | **Exhibitor/Assessor Signature** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Manager | Beverley Leonard/Ania Wallis Business & Commercial Co-ordinator | **Date** |  |
|  |  | | |