

OXFORDSHIRE COUNTY COUNCIL

FORM RA1

RISK ASSESSMENT RECORD

Page No.
of

A. Activity/Process/Operation	
B. What are the Health and Safety Hazards ?	
C. What Risks do they pose and to whom ? (See Checkpoint 2)	Estimate Risk Level H/M/L* (see Checkpoint 3)
D. What measures have been taken to reduce the Risk ? (See Checkpoints 1,4,5,6,7,8,9,10 & 11)	Risk Level Achieved H/M/L (Target is Low)
E. What further action is needed to reduce the risks ? (State action/specify dates)	

Name of Assessor : Signed by

(See points 12,13, & 14)

Job Title :

Premises/Site Manager

Date :

Date :

Date for review :

CHECKPOINTS -

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Has all <u>health and safety information</u> been obtained ? 2. Consider the <u>number of persons exposed</u> 3. Estimate initial risk level - <u>high, medium or low*</u> 4. Consider if <u>elimination or safer substitution</u> could be achieved 5. Consider all necessary <u>control measures</u> including <u>procedural</u> and <u>technical</u> controls 6. Are the above <u>controls</u> to the <u>required standard and regularly maintained?</u> 7. Have <u>emergency action plans</u> been considered? | <ol style="list-style-type: none"> 8. Have employees (and other persons) been <u>adequately trained/instructed and informed ?</u> 9. Has <u>adequate supervision</u> been provided ? 10. Consider if <u>personal protective equipment</u> is required 11. Is <u>health surveillance</u> required ? 12. What arrangements have been made for <u>monitoring</u> the assessment ? 13. How often is the assessment <u>reviewed ?</u> 14. Has the assessment been <u>drawn to the employee's attention ?</u> |
|---|--|