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|  |  **Risk Assessment Form****– Part A** |  |

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| **Production Name:** |  | **Organisation** |  |
| **Production Address:** |   | **Producer / Editor** Tel:Mobile: |  |
| **Start date** |  | **End date** |  |
| **Distribution***Who gets a copy of the assessment* |   |
|  |
| **Outline of risk assessment***Summary of what is proposed in terms of sequences and set ups.* |  |
| **Team members / experts / contractors / contributors etc.***List those involved*  |   |
| **Locations***Outline locations involved – indicate any which are hostile environments* |  |
|  |
| **Assessor** Name Signature |  | **Date completed** |  |
| **Authoriser** Name(if not Assessor) Signature |  | **Date authorised** |  |

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| **Hazard list –** *select your hazards from the list below and use these to complete Part B* |
| **Situational hazards** | **Tick** | **Physical / chemical hazards** | **Tick** | **Health hazards** | **Tick** |
| Assault by person |  | Contact with cold liquid / vapour |  | Disease causative agent |  |
| Attack by animal |  | Contact with cold surface |  | Infection |  |
| Breathing compressed gas |  | Contact with hot liquid / vapour |  | Allergic reaction |  |
| Cold environment |  | Contact with hot surface |  | Lack of food / water |  |
| Crush by load |  | Electric shock |  | Lack of oxygen |  |
| Drowning |  | Explosive blast |  | Physical fatigue |  |
| Entanglement in moving machinery |  | Explosive release of stored pressure |  | Repetitive action |  |
| High atmospheric pressure |  | Fire |  | Static body posture |  |
| Hot environment |  | Hazardous substance |  | Stress / anxiety |  |
| Manual handling |  | Ionizing radiation |  | Venom poisoning |  |
| Object falling, moving or flying |  | Laser light |  |  |  |
| Obstruction / exposed feature |  | Lightning strike |  | **Environmental hazards** |  |
| Sharp object / material |  | Noise |  | Litter |  |
| Shot by firearm |  | Non-ionizing radiation |  | Nuisance noise / vibration |  |
| Slippery surface |  | Stroboscopic light |  | Physical damage |  |
| Trap in moving machinery |  | Vibration |  | Waste substance released into air |  |
| Trip hazard |  |  |  | Waste substance released into soil / water |  |
| Vehicle impact / collision |  | **Managerial / organisational hazards** |  |  |  |
| Falls from height |  | Management factors (lack of communication, co-operation, co-ordination and competence) |  |  |  |

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| **Risk matrix –** *use this to determine risk for each hazard i.e. ‘how bad and how likely’* | **Likelihood of Harm** |
| **Severity of Harm** | **Remote***e.g. <1 in 1000 chance* | **Very unlikely***e.g. 1 in 200 chance* | **Unlikely***e.g. 1 in 50 chance* | **Possible***e.g. 1 in 10 chance* | **Likely***e.g. >1 in 3 chance* |
| **Negligible** e.g.*small bruise* | **Trivial** | **Trivial** | **Trivial** | **Low** | **Low** |
| **Slight** *e.g. small cut, deep bruise* | **Trivial** | **Trivial** | **Low** | **Low** | **Medium** |
| **Moderate** *e.g. deep cut, torn muscle* | **Trivial** | **Low** | **Medium** | **Medium** | **High** |
| **Severe** *e.g. fracture, loss of consciousness* | **Low** | **Medium** | **High** | **High** | **Extremely high** |
| **Very Severe** *e.g. death, permanent disability* | **Low** | **Medium** | **High** | **Extremely high** | **Extremely high** |

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|  | **Risk Assessment Form – Part B** |  |

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| **Activity1** –Each individual activity you are proposing: | **Location** – where this activity will take place: | **Dates / times**: |
|  |
| **Hazards2**List what could cause harm from this activity *e.g. falls from height, trip hazard, fire, etc.* | **Who exposed**List who might be harmed from this activity*e.g. staff, contractors, contributors, public, etc.* | **Risk3**For each hazard, decide level of risk as if you were to do the activity without your controls | **Control measures**For each hazard, list the measures you will be taking to minimise the risk identified*e.g. appointing competent persons, training received, planning and rehearsals, use of personal protective equipment, provision of first aid, etc.* | **Risk3**For each hazard, decide level of risk once all your controls are in place |
| Eg, Lone Working |  |  |  |  |
| Eg, Driving long distances |  |  |  |  |
| Eg, Working in a workshop with tools and machinery |  |  |  |  |
| Eg, Trip hazards |  |  |  |  |
|  |  |  |  |  |

*Continue on separate sheet if necessary*

*1 – complete separate table for each activity 2 - from hazard list in Part A 3 - from risk matrix in Part A*