**Risk Assessment** – **Guidance notes**

A risk assessment by the organisation is required as part of the booking process.

The Council would want to know how the organisation is going to manage risks, which could impact on other Council users but are outside of our control.

Hirers’ responsibility for health and safety

Hirers are responsible for the safety of persons under their control, and for injuries caused as a result of any contraventions of health and safety legislation by the hirer, his employees or agents.

Council’s responsibility for health and safety

The Council retains responsibility for ensuring that visitors to their property are reasonably safe for the purposes for which they are permitted to be there. The Council must ensure, so far as is reasonably practicable, that any Council equipment used by hirers is safe and without risks to their health and safety when properly used.

Council reserves the right to request a risk assessment/ health and safety plan depending on the nature of the booking.

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|  | **ORGANISATION:** | **RISK ASSESSMENT FORM** |
|  |  |

**4 x 4 Risk AssessmentMatrix**

**Likelihood ratings: X Consequences Ratings: = Action Levels**

|  |  |  |  |
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| *1.*  *3.* | *Do not expect to happen (Unlikely)* | *1. Minor injuries or illness (less than 3 days)* | *1-2 Continue with existing controls* |
| *2.* | *Could occur sometimes (Occasionally)* | 1. *Over 3 day injury or illness* | *3-4 Monitor* |
|  | *Likely to occur on a regular basis (Likely)* | 1. *Serious/major illness or injury (permanent disability)* | *6-9 Action* |
|  | *Only to be expected (Almost certain)* | *4. Fatality* | *12-16 Immediate action* |

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| **Hazard: Potentialto**  **cause harm**  **Risk: Is the likelihood**  **of harm** | | **CONSEQUENCES (C )** | | | |
| **1** | **2** | **3** | **4** |
| **L I**  **K**  **E**  **L I**  **H**  **O** | **4** | ***4*** | ***8*** | ***12*** | ***16*** |
| **3** | ***3*** | ***6*** | ***9*** | ***12*** |
| **2** | ***2*** | ***4*** | ***6*** | ***8*** |
| **1** | ***1*** | ***2*** | ***3*** | ***4*** |

**Hazard: Potential to**

**cause harm**

**Risk: Is the likelihood**

**of harm**

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| **ORGANISATION:** | **RISK ASSESSMENT FORM** |



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| What are the hazards? | Initial Risk Rating L X | Who might be harmed and how? | What are you already doing? | Residual Risk Rating L x C | What further action is necessary? | Final Risk Rating L x C | How will you put the assessment into action? | | |
| Action by Name. | Action due Date. | Completion Date. |

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|  | **ORGANISATION:** | **RISK ASSESSMENT FORM** |
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**Risk Assessment Briefing**

1. Individual Brief to review Risk Assessment

Print Name Signature

Return this signed form to Organiser:

Signed by Manager:

1. Team Meeting/ Briefing Session to provide details of the risk assessment:

|  |  |
| --- | --- |
| Manager’s name: | Date: |
| All organisation members in attendance  provided an opportunity to ask questions? | State Yes or No |
| List any questions which will require a response. |  |
|  |  |
| Summary of feedback given. |  |
|  |  |

**Attendance Register - Risk Assessment Briefing: Date**

|  |  |
| --- | --- |
| **Print Name** | **Signature** |
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