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| **ES-MD** | **Essential Service Risk Assessment****Declaration of Completion and Review** |
| **Guidance:** | Unit Managers must review and complete all Essential Risk Assessments applicable to their unit or business operation and sign off the completion on each of the individual documents. In addition, other key personnel such as Deputy Managers, Team Leaders or HSE Champions must also review all relevant Essential Risk Assessments. Use the sign off declaration below to confirm this has been completed. |

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| Tick all the additional Essential Risk Assessments and associated documents you have completed for your unit or business operation |
| ES00 | Workplace Risk Assessment  | **R** | ES09 | DSE Risk Assessment  | **R** |
| ES01 | Fire Risk Assessment  | **R** | ES09a  | DS User Assessment Form  | **£** |
| ES02 | First Aid Needs Assessment | **R** | ES09b | DSE User Risk Assessment  | **£** |
| ES03 | Floor Safety Risk Assessment | **R** | ES10 | New and Expectant Mothers Risk Assessment | **£** |
| ES04 | Manual Handling Activity Filter | **R** | ES11a | Young Person’s Risk Assessment (16-17 years) | **£** |
| ES04a | Lifting and Carrying Risk Assessment | **£** | ES11b | Young Person’s Risk Assessment (<16 years) | **£** |
| ES04b | Pushing and Pulling Risk Assessment  | **£** | ES12 | Lone Working Risk Assessment | **£** |
| ES05 | Chemical Product Inventory | **R** | ES12a | Lone Workers Workplace Checklist | **£** |
| ES06 | PPE Assessment  | **R** | ES13 | Workplace Stress Risk Assessment | **£** |
| ES06a | PPE Issue Form | **£** | ES13a | Stress Talking Toolkit | **£** |
| ES07 | PAT Testing | **R** | ES14 | Gas Safety Risk Assessment | **£** |
| ES08 | Work Equipment Inspection  | **R** | ES15 | Violence at Work Risk Assessment | **R** |
| ES08a | Work Equipment Inspection Register  | **£** |  |

I confirm I have reviewed all of the relevant Essential Risk Assessments; I am aware of the nature of all hazards presented within the workplace and I understand the control measures is place to reduce the risk of harm to individuals.

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| **Name:** | **Job Role:** | **Signature:** | **Date** |
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