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|  | **Risk Assessment** |
| **ESRA** | **Essential Services**  |
| **Unit Address/ department/Service** |  |
| **Risk Assessment Completed** | Date | Signed |
| **1st review** | Date | Signed |
| **2nd review** | Date | Signed |
| **3rd review** | Date | Signed |

**Note** - Risk assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Risk assessments must be retained for a period of 6 years.

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| **Step 1 - Workplace Safety Hazards** |
| **What are the hazards?** | **Who might be harmed?** | **How might they be harmed?** | **What are you already doing to control the risks?** |
| Fire Manual handling injuriesContact with chemicalsContact with body fluidsElectricityUse of VDU equipmentRoad traffic accidents  | OperativesOther users to site | Upper limb disorders, repetitive strain injuries, eyestrain, stress and fatigueHearing damage, skin irritation, exhaustionBack, upper arm, muscle strain and neck painsBurns, fire, explosion, harmful substancesPhysical injury including broken bones, bruising, concussion, possibly death.BurnsElectric shockInfection Death | Staff inductionTask specific Safety Task CardsSafety Task Card trainingMonthly Safety Walks /toolbox talks |
| Other: |  |  |  |

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| **Step 2 - Control Measures**What are you already doing? Tick the Safety Task Cards in place for this activity |
| RA C19 | Provision of services during Covid-19 Pandemic | 🞏 | ES10a | Lifting and carrying risk assessment | 🞏 |
| ES02a | Young person’s risk assessment (16-18) | 🞏 | ES10b  | Pushing and pulling risk assessment | 🞏 |
| ES02b | Young person’s risk assessment (under 16) | 🞏 | ES11 | Work equipment inspection | 🞏 |
| ES03 | COSHH Product inventory | 🞏 | ES12  | Use of Ladders | 🞏 |
| ES04a | DSE Workstation Assessment | 🞏 | ES13 | Lone workers Risk assessment | 🞏 |
| ES04b | DSE User Assessment | 🞏 | ES14 | New and expectant mothers risk assessment | 🞏 |
| ES05 | Driving on Company business | 🞏 | ES15a | Personal protective equipment assessment | 🞏 |
| ES06 | Electrical equipment | 🞏 | ES15b | PPE issue form | 🞏 |
| ES06a | Portable Appliance Testing risk assessment | 🞏 | ES16  | Contact with body fluids risk assessment  | 🞏 |
| ES07 | Fire Risk assessment | 🞏 |  |  | 🞏 |
| ES08 | First Aid Needs assessment | 🞏 |  |  | 🞏 |
| ES09 | Floor Safety Risk assessment  | 🞏 |  |  | 🞏 |
| ES10 | Manual Handling -Activity filter | 🞏 |  |  | 🞏 |

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| **Step 3 - Additional Measures**Do you need to do anything else to control this risk? |
| **Additional Safety Task Cards Required** | **Action by who?** | **Action by when?** | **Done** |
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