

# Holy Trinity Combe Down: Risk Assessment

subject

Task / Job to be assessed –		subject	
Assessment Number:		Date of Assessment:	
Assessment Carried out by:		Date Document Issued	
Department/Location:		Manager's Name:	Liz Hume
Review date			

**How Likely**

- 1 = Very Unlikely
- 2 = Unlikely
- 3 = Likely
- 4 = Very Likely
- 5 = Almost certain

**How Severe**

- 1 = No Injury
- 2 = minor injury or illness
- 3 = 7 day injury or illness
- 4 = specified injury or illness
- 5 = fatality or disabling injury

Risk = Likelihood x Severity

Low
Medium
High

How severe	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	

How Likely

Hazard	Consequences	Risk Level (L x S)	Who Might Be Harmed	Controls (including Training provided)	Further Action	Residual Risk (L x S)
<b>Example</b> Narrow steep stairs	Trips and fall	3 x 3 = 6	Stair users	Contrast stair nosings, good lighting, users instructed to use handrail provided	Ensure no requirement to carry heavy items on up and down the stairs	1 x 3 = 3
Fire & Emergencies						
Obstructed Access routes						

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Hazard	Consequences	Risk Level (L x S)	Who Might Be Harmed	Controls (including Training provided)	Further Action	Residual Risk (L x S)
Electrical Safety						
Manual Handling						
Slips trips and minor incidents						
Lighting						
Heating and ventilation						
Hazardous substances and materials						
Lone Working						

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Hazard	Consequences	Risk Level (L x S)	Who Might Be Harmed	Controls (including Training provided)	Further Action	Residual Risk (L x S)
Manual Handling						
Care and Protection of children Include required ratios						
Care and protection of vulnerable adults						
Accessibility issues for disabled						
Accidents and First Aid						
Provision of hot drinks						
Provision of food						

**Provide a summary of how the task is undertaken**

**PPE Register for this task**

**Operating Procedure**

- You are to familiarize yourself with:-
- Do not use equipment if you are not authorized and trained to do so
- Carry out an equipment check prior to use, do not use if defective.
- Ensure all PPE is worn appropriate to the task
- Raise any safety concerns with your manager
- Report all accidents and near misses (form available from [office@htcd.church](mailto:office@htcd.church) )

Approved by (Signature) :

Date for approval: \_\_\_\_\_

(name) : \_\_\_\_\_

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By signing this, you are agreeing that you have read, understood and agree to comply with the safe system of work and risk control measures

Person	Signature	Todays date