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|  | **Health & Safety Risk Assessment Form** |
| **Ref: CF:005:07:FT** | **RE: Generic Risk Assessment Fillable Form** |
| **Issue date:** | November 2023 | **Revised Date:** | November 2026 |
| **Author(s):** | National Health & Safety Function |
| **Legislation** | UnderSection 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations**,** it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented. |
| **Note:[[1]](#footnote-1)** | When conducting risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.*It is the responsibility of local management to implement any remedial actions identified.* |

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| **Generic Risk Assessment Fillable Form** Enter the hazard being assessed. |
| **Division:** | Select Division. | **Source of Risk:** | Enter Source of Risk. |
| **HG/CHO/NAS/Function:** | Select Area. | **Primary Impact Category:** | Select Primary Impact Category. |
| **Hospital Site/Service:** | Enter Hospital Site/Service. | **Risk Type:** | Select Risk Type. |
| **Dept/Service Site:** | Enter Dept/Service Site. | **Name of Risk Owner (BLOCKS):** | Name of Risk Owner. |
| **Date of Assessment:** | Select date. | **Signature of Risk Owner:** |  |
| **Unique ID No:** | Enter Unique ID No. | **Risk Co-Ordinator:** | N/A for OSH Risk Assessments |
| **Objective being impacted:**   | Compliance with OSH legislation and the maintenance of a safe and healthy work environment.  | **[[2]](#footnote-2)Risk Assessor(s):** |  |
| **[[3]](#footnote-3)HAZARD & RISK DESCRIPTION** | **EXISTING CONTROL MEASURES** | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | **[[4]](#footnote-4)ACTION OWNER** | **DUE** **DATE** |
| Identify the hazard and describe who might be harmed, how, where and when. | Enter Existing Control Measures | Document Additional Controls Required | Enter person responsible for implementation of control measure.  | Select Date. |
| **[[5]](#footnote-5)Inherent Risk** | **[[6]](#footnote-6)Residual Risk**  | **[[7]](#footnote-7)Target Risk**  | **Risk Status**  |
| **Click** [**here**](https://www.hse.ie/eng/about/who/riskmanagement/risk-management-documentation/hse-enterprise-risk-management-supporting-tools/hse-risk-assessment-tool.pdf) **for the HSE Risk Assessment Tool** |
| **Likelihood [1-5]** | **Impact** **[1-5]**  | **Rating****[Likelihood x Impact]** | **Likelihood****[1-5]** | **Impact** **[1-5]** | **Rating****[Likelihood x Impact]** | **Likelihood****[1-5]** | **Impact**  **[1-5]** | **Rating****[Likelihood x Impact]** | **Open**  | **Monitor**  | **Closed** |
| Select Likelihood. | Select Impact |  Likelihood X Impact = Risk Rating  | Select Likelihood. | Select Impact |  Likelihood X Impact = Risk Rating  | Select Likelihood. | Select Impact |  Likelihood X Impact = Risk Rating  |[ ] [ ] [ ]

1. Please note this cover does not require printing for every Risk Assessment [↑](#footnote-ref-1)
2. Risk Assessor required for OSH risks only. [↑](#footnote-ref-2)
3. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-3)
4. Person responsible for the action. [↑](#footnote-ref-4)
5. Rating **before** consideration of existing controls. Please note for OSH risk assessments, there is a requirement to document the Inherent risk only where there is no documented risk assessment with identified controls for the hazard being considered. [↑](#footnote-ref-5)
6. Rating **after** consideration of existing controls. [↑](#footnote-ref-6)
7. Desired rating **after** actions. [↑](#footnote-ref-7)