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|  | **Health & Safety Risk Assessment Form** | | |
| **Ref:CF:005:07:T** | **RE: Generic Risk Assessment Form** | | |
| **Issue date:** | October 2017 | **Revised Date:** | October 2023 |
| **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 Form** | | | | | | | | | | | | | |
| **Division:** | | | | | | **Source of Risk:** | | | | | | | |
| **HG/CHO/NAS/Function:** | | | | | | **Primary Impact Category:** | | | | | | | |
| **Hospital Site/Service:** | | | | | | **Risk Type:** | | | | | | | |
| **Dept/Service Site:** | | | | | | **Name of Risk Owner (BLOCKS):** | | | | | | | |
| **Date of Assessment:** | | | | | | **Signature of Risk Owner:** | | | | | | | |
| **Unique ID No:** | | | | | | **Risk Co-Ordinator:** | | | | | | | |
| **Objective being impacted:** | | | | | | **[[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** |
|  | | |  | | | |  | | | |  | |  |
| **[[5]](#footnote-5)Inherent Risk** | | | **[[6]](#footnote-6)Residual Risk** | | | | **[[7]](#footnote-7)Target Risk** | | | **Risk Status** | | | |
| **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** |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |

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. [↑](#footnote-ref-5)
6. Rating **after** consideration of existing controls. [↑](#footnote-ref-6)
7. Desired rating **after** actions. [↑](#footnote-ref-7)