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| **CHILDREN’S SERVICES RISK ASSESSMENT TEMPLATE FORM ratf-022** |
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| **Classroom Risk Assessment September 2018***(replace with more accurate title of risk assessment if required)* |

To be completed using local information and in accordance with [SGP 01/07 (Risk Assessment)](http://intranet.hants.gov.uk/sgp0107riskassessment-2.doc)

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| **Location / Site** | Insert location and site where activity/task taking place |
| Sports Hall |
| **Activity / Procedure** | Insert name/type of activity or procedure being assessed |
| Involvement in physical activity / viewing sport |
| **Assessment date** | Insert date when assessment is being carried out |
| 07/09/18 |
| **Assessment serial number** | Insert local serial/identification number for future reference |
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| **Common hazards** | Circle boxes where these common hazards are present |
| Slips & trips & falls (eg. from poor/wet surfaces, trailing wires, displays) | **YES** |  |
| Dust & dirt | **YES** |  |
| Poor lighting or glare/reflections (eg. including on monitor screens) | **YES** |  |
| Low or high temperature |  | **NO** |
| Fire | **YES** |  |
| Electricity | **YES** |  |
| Moving & handling activities | **YES** |  |

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| **Identify additional hazards** | Record all other hazards that are specific to this task |
| Factors affecting surface – water under roof fans and by fire door, dust |
| Protrusions in to hall – chairs, cricket mats, netball posts, clothing, 5 aside goals |
| Factors affecting surface – water under roof fans and by fire door, dust |
| Place heavy items on lower shelves (stereo, cricket kit bags) |
| Blocking of fire exits |
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| **Identify people at risk** | Circle boxes where persons may be affected by hazards |
| **Employees** | **YES** |  |
| **Visitors** | **YES** |  |
| **Contractors** | **YES** |  |
| **Vulnerable persons** | **YES** |  |
| **Pupils** | **YES** |  |

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| **Existing control measures** | List controls already in place to reduce risk from of injury |
| Staff check on arrival at facility |
| Lock after use |
| Universal services inspection twice a year |
| Utilise storage space when it is free of desks / chairs and ensure fire exits are not blocked |
| Refrain from storing equipment within “no parking” zones identified by red paint at the foot of the fire escape staircase. |

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| **Existing level of risk** | Consider current level of risk with existing controls in place |
| **HIGH** | **MEDIUM** | **LOW** | **NEGLIGIBLE** |

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| **Common control measures** | Circle boxes where these common controls can be used |
| Non-slip surfaces & procedures in place to protect from wet floors | **YES** |  |
| No trailing cables/obstructions in locations likely to cause trip | **YES** |  |
| Management of correct use & maintenance of stepladders & step-stools | **YES** |  |
| Shelving, classroom fittings & displays fixed securely & well-maintained | **YES** |  |
| Schedule in place for routine cleaning & deep cleaning where appropriate | **YES** |  |
| Adequate room lighting (eg. daylight supplemented by artificial light) | **YES** |  |
| Adjustable blinds or solar film to reduce glare & reflection & discomfort | **YES** |  |
| Adequate heating/ventilation (eg. use hot temperature risk assessment) | **YES** |  |
| Low surface temperature radiators or suitable guards (as appropriate) | **YES** |  |
| Equipment maintenance schedule (eg. plugs/wires repaired immediately) | **YES** |  |
| Effective system in place to report defects/damage & effect repairs | **YES** |  |
| Fire risk assessment in place & regular inspections of control measures | **YES** |  |
| Display health & safety notices & keep children informed of hazards |  | **NO** |
| Moving & handling assessments/safe procedures for handling activities |  | **NO** |
| **Additional control measures** | List any additional control measures that are required |
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| **Remaining level of risk** | Consider level of risk following use of additional controls |
| **HIGH** | **MEDIUM** | **LOW** | **NEGLIGIBLE** |

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| **Assessor’s comments** | Insert comments relevant to findings as appropriate |
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| **Name of assessor** | **Signature of assessor** | **Date**  |
| **R. Whybro** | **R Whybro** | **07/09/2018** |

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| **Manager’s comments** | Insert comments relevant to assessment as appropriate |
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| **Name of manager** | **Signature of manager** | **Date**  |
| **Clive Surry** | **Clive Surry Signature** | **07/09/18** |

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| **Risk assessment reviews** | Set future review dates & sign/comment upon completion |

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| **Review date** | **Reviewed by** | **Reviewer signature** | **Remarks** |
| **Sept 2012** | **R. Whybro** |  | **-** |
| **Sept 2013** | **R. Whybro** |  |  |
| **Sept 2014** | **R. Whybro** |  |  |
| **Sep 2015** | **R. Whybro** |  |  |
| **Sep 2016** | **R. Whybro** |  |  |
| **Sep 2017** | **R. Whybro** |  |  |
| **Sep 2018** | **R. Whybro** |  |  |

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