



# Risk Assessment Form



		LIKELIHOOD				
		VERY UNLIKELY	UNLIKELY	LIKELY	HIGH LIKELY	ALMOST CERTAIN
SEVERITY	NEGLIGIBLE	LOW	LOW	LOW	LOW	LOW
	MINOR	LOW	LOW	LOW	MEDIUM	MEDIUM
	SERIOUS	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	SEVERE	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	VERY SEVERE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH

Risk Assessment for (Activity/Process/Operation) **EXAMPLE – this must be adapted and completed for the operation and maintenance of your own premise electrically powered gates and doors.**

Service		Team / Section	
Assessment Date		Review Date	Reference Number

What are the hazards <i>(i.e. what can cause harm)</i>	Who might be harmed and how? <i>(e.g. employees, pupils, members of the public, etc. and the significant risk(s))?</i>	What existing control measures are in place to reduce / prevent the risk? <i>(i.e. what are you already doing?)</i>	Considering existing controls, what is the current risk level <i>(i.e. high, medium or low – use the matrix above)</i>	Further Action to be taken to control the risk? <i>(i.e. only record action/additional controls measures you are going to implement)</i>	Assigned to	Completed by whom & when
Defective, unsafe powered gates & doors	Risk of crushing, shearing, trapping to anyone on site	Robust procedures are in place to ensure that competent persons install, check and maintain all powered gates and doors.				
Lack of nominated person/s to formally manage and maintain the powered gates & doors	Risk of crushing, shearing, trapping to anyone on site	Nominated person/s identified as responsible for management and maintenance of the powered gates & doors				
Untrained	Staff and	Nominated person/s received				

person/s managing and maintaining the powered gates & doors	contractors risk of crushing, shearing, trapping	suitable onsite training from the contractor, covering the minimum required elements in the WCC 'automatic (powered) gates and doors guidance' in addition to instruction relating to the specifics of the powered gates & doors				
Insufficient, operational inspection and check of powered gates & doors	Risk of crushing, shearing, trapping to anyone on site	Suitable and sufficient recorded inspection and checks are being undertaken by the nominated/trained person/s, at the required frequency, covering the minimum required elements in the WCC 'automatic (powered) gates and doors guidance' and instructions given in the training and User/Operation Manual				
Operational inspection checks undertaken do not comply with the specific manufacturers instructions and/or minimum requirements stated in WCC 'automatic (powered) gates and doors guidance'	Staff and contractors risk of crushing, shearing, trapping	Checks cover the specific requirements of the manufacturer's instructions and the minimum required elements in the WCC 'automatic (powered) gates and doors guidance'				

No action or Insufficient action taken to rectify problems or defects. Safety devices not working	Risk of crushing, shearing, trapping to anyone on site	Nominated, trained person/s knowledge of action to take in the event of problems, defects User/Operation Manual available for details of action taken				
Absence of or defective emergency release.  Lack of emergency procedure/ system if trapping occurs	Anyone on site, person remaining trapped and injured	Nominated, trained person/s knowledge of action to take to quickly release a person if they became trapped Written procedure and any release mechanism, keys etc. easily accessible				

<b>Name of Assessor</b>		<b>Signature</b>	
-------------------------	--	------------------	--

<b>Name of Manager responsible for activity / process</b>		<b>Signature</b>	
---	--	------------------	--

# Risk Assessment Review Log

Only use this log to confirm that there have been no changes to the current assessment; otherwise an updated risk assessment must be done

Initial Review Date			
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Next Review Date	12 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	24 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	36 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	48 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

