



WORKPLACE RISK ASSESSMENT FORM

1	Centre/Location/Project:	
Address:		
Occupation:		
2	Brief Description of Tasks and Processes:	
3	Changes since Last Assessment:	
Have there been any significant changes since last inspection? (e.g. staff increases/new equipment installed/additional filing capacity, etc.)		
4	Remedial Action Required:	Date for Completion:
	<ul style="list-style-type: none"> (i) Summarise Actions required. (ii) Prioritise improvements by scaling. (iii) Identify action already taken. (iv) Send copy of the form to the person responsible for safety. (v) Identify costs, if known. 	Priority Requirements: Scale from 1 - 5 1 = TRIVIAL to 5 = INTOLERABLE
Person responsible for implementation:		Date actually completed:
5	Assessment Completed By:	
Assessor:	Name: Manager's Name: Signature: Signature: Date: Date:	Date of Next Assessment:
	
6	Comments:	

7		Ventilation:			
		Yes	No	Comments	Remedial Action Required
7.1	How is the area or department ventilated? (e.g. air conditioning or naturally via	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	If mechanically, is the air intake close to possible contaminants? (e.g. flues or vehicle manoeuvring)	<input type="checkbox"/>	<input type="checkbox"/>		
7.3	Is the means of providing fresh air adequate? <i>[supply rate of fresh air 5 - 8 litres per</i>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4	Are there any rooms without ventilation?	<input type="checkbox"/>	<input type="checkbox"/>		
7.5	Have any problems ever been high-lighted?	<input type="checkbox"/>	<input type="checkbox"/>		

8		Indoor Temperatures:			
		Yes	No	Comments	Remedial Action Required
8.1	Is the temperature maintained at a reasonable comfort level? <i>[i.e. at least 16°C]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
8.2	If there a thermometer available to monitor temperatures?	<input type="checkbox"/>	<input type="checkbox"/>		
8.3	Does the temperature ever become excessively hot?	<input type="checkbox"/>	<input type="checkbox"/>		
8.4	If so, are cooling fans available?	<input type="checkbox"/>	<input type="checkbox"/>		
8.5	Are there any means to provide shading on windows?	<input type="checkbox"/>	<input type="checkbox"/>		
8.6	Does the temperature ever become excessively cold?	<input type="checkbox"/>	<input type="checkbox"/>		
8.7	If so, are heaters available?	<input type="checkbox"/>	<input type="checkbox"/>		
8.8	What type of heaters would be used?	<input type="checkbox"/>	<input type="checkbox"/>		
8.9	Any draughts causing discomfort?	<input type="checkbox"/>	<input type="checkbox"/>		
8.10	Have any problems ever been high-lighted?	<input type="checkbox"/>	<input type="checkbox"/>		

9		Lighting:			
		Yes	No	Comments	Remedial Action Required
9.1	Is there adequate lighting at all workstations?	<input type="checkbox"/>	<input type="checkbox"/>		
9.2	Is it uniform throughout the premises?	<input type="checkbox"/>	<input type="checkbox"/>		
9.3	Is there adequate lighting in all passages and access routes?	<input type="checkbox"/>	<input type="checkbox"/>		
9.4	Is there adequate lighting on stairs? (e.g. no shadows over treads)	<input type="checkbox"/>	<input type="checkbox"/>		
9.5	Have any problems ever been high-lighted?	<input type="checkbox"/>	<input type="checkbox"/>		
9.6	Are there any materials causing obstruction to lighting?	<input type="checkbox"/>	<input type="checkbox"/>		
9.7	Are all light fittings in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
9.8	Are all light fittings clean?	<input type="checkbox"/>	<input type="checkbox"/>		
9.9	Is there any planned replacement programme for lighting?	<input type="checkbox"/>	<input type="checkbox"/>		
9.10	Is there a regular cleaning programme for light fittings in place?	<input type="checkbox"/>	<input type="checkbox"/>		
9.11	Is there any glare caused by artificial or natural lighting?	<input type="checkbox"/>	<input type="checkbox"/>		
9.12	If so, are blinds or other shading provided to windows?	<input type="checkbox"/>	<input type="checkbox"/>		
9.13	Are the windows regularly cleaned inside and out?	<input type="checkbox"/>	<input type="checkbox"/>		
9.14	Is emergency lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>		
9.15	If not, do you consider that this might be needed anywhere?	<input type="checkbox"/>	<input type="checkbox"/>		
9.16	If provided, is it subject to any regular maintenance programme?	<input type="checkbox"/>	<input type="checkbox"/>		

10 Cleanliness and Waste Materials:					
		Yes	No	Comments	Remedial Action Required
10.1	Are the premises kept in a clean condition?	<input type="checkbox"/>	<input type="checkbox"/>		
10.2	How often are they cleaned? (e.g. daily, weekly)	<input type="checkbox"/>	<input type="checkbox"/>		
10.3	Are there any materials obstructing:	<input type="checkbox"/>	<input type="checkbox"/>		
10.3.1	passages and aisles?	<input type="checkbox"/>	<input type="checkbox"/>		
10.3.2	stairs?	<input type="checkbox"/>	<input type="checkbox"/>		
10.3.3	fire escape routes?	<input type="checkbox"/>	<input type="checkbox"/>		
10.4	Where is waste collected and stored for disposal?	<input type="checkbox"/>	<input type="checkbox"/>		
10.5	How frequently is it removed?	<input type="checkbox"/>	<input type="checkbox"/>		

11 Room Dimensions and Space:					
		Yes	No	Comments	Remedial Action Required
11.1	Is there enough space for all employees in the room? <i>[guide = approx 11cubic metres per person]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
11.2	Can all work areas be easily reached?	<input type="checkbox"/>	<input type="checkbox"/>		
11.3	Any limited headroom?	<input type="checkbox"/>	<input type="checkbox"/>		
11.4	If so, is this clearly marked or protected?	<input type="checkbox"/>	<input type="checkbox"/>		

12 Workstations and Seating:					
		Yes	No	Comments	Remedial Action Required
12.1	Is the space around workstations restricted or congested?	<input type="checkbox"/>	<input type="checkbox"/>		
12.2	Is the floor space below workstations restricted in any way? (e.g. materials stored under desks)	<input type="checkbox"/>	<input type="checkbox"/>		
12.3	Are the chairs capable of being adjusted to suit individual height?	<input type="checkbox"/>	<input type="checkbox"/>		
12.4	Are the chairs capable of being adjusted to provide back support?	<input type="checkbox"/>	<input type="checkbox"/>		
12.5	Does anyone need a footrest to reach the floor in comfort?	<input type="checkbox"/>	<input type="checkbox"/>		
12.6	If so, are they provided?	<input type="checkbox"/>	<input type="checkbox"/>		
12.7	Is repetitive or continuous work a feature for any member of staff?	<input type="checkbox"/>	<input type="checkbox"/>		

13 Stairs and Handrails:					
		Yes	No	Comments	Remedial Action Required
13.1	Are handrails or substantial fencing provided on all stairs? <i>[upper rail at 900mm + lower rail or fence]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
13.2	Any particularly wide stairs used where there is only one handrail?	<input type="checkbox"/>	<input type="checkbox"/>		

14 Falls or Falling Objects:					
		Yes	No	Comments	Remedial Action Required
14.1	Does any staff work at a height above 2 metres? <i>(e.g. a gallery)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
14.2	If so, is a fence provided to prevent staff falling? <i>[at least 1100mm above working level]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
14.3	Can materials fall from the elevated working or storage area?	<input type="checkbox"/>	<input type="checkbox"/>		
14.4	Are there any changes in floor level in the premises?	<input type="checkbox"/>	<input type="checkbox"/>		
14.5	If so, are they clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>		
14.6	Is there any need for staff to access the roof?	<input type="checkbox"/>	<input type="checkbox"/>		
14.7	Is a permanent means of access provided?	<input type="checkbox"/>	<input type="checkbox"/>		
14.8	Is the roof area fenced to prevent falls?	<input type="checkbox"/>	<input type="checkbox"/>		

15 Internal Floor Condition and Traffic Routes:					
		Yes	No	Comments	Remedial Action Required
15.1	Are the floors, steps, aisles, passages etc. free of all obstructions? <i>(including trailing cables, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
15.2	Free of defects likely to cause slips or trips?	<input type="checkbox"/>	<input type="checkbox"/>		
15.3	Likely to become slippery for any reason?	<input type="checkbox"/>	<input type="checkbox"/>		

16 Windows, Transparent or Translucent Doors, Gates and Walls:					
		Yes	No	Comments	Remedial Action Required
16.1	Are there glazed areas below shoulder height in doors/side panels? <i>[excl. panels less than 250mm wide]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
16.2	Are there any windows below waist level?	<input type="checkbox"/>	<input type="checkbox"/>		
16.3	In either case, is glass of a recognised 'safety material'? <i>(e.g. polycarbonate, glass blocks, laminated/toughened glass)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
16.4	Is it protected by methods such as fencing or barriers?	<input type="checkbox"/>	<input type="checkbox"/>		
16.5	Are large glazed areas readily recognised as such?	<input type="checkbox"/>	<input type="checkbox"/>		

17 Windows, Skylights and Ventilators:					
		Yes	No	Comments	Remedial Action Required
17.1	Can all opening windows, skylights and vents be opened safely?	<input type="checkbox"/>	<input type="checkbox"/>		
17.2	If at high level, is there a method of opening them without risk?	<input type="checkbox"/>	<input type="checkbox"/>		
17.3	Is there a risk of the person falling out? <i>[bottom edge must be at least 800mm above floor level]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
17.4	If so, any devices to prevent it from being opened too far?	<input type="checkbox"/>	<input type="checkbox"/>		
17.5	Are these inspected or maintained as part of a programme?	<input type="checkbox"/>	<input type="checkbox"/>		
17.6	Do open windows create a hazard for pedestrians?	<input type="checkbox"/>	<input type="checkbox"/>		

18 Ability to Clean Windows, etc., Safely:					
		Yes	No	Comments	Remedial Action Required
18.1	Are windows cleaned entirely from within?	<input type="checkbox"/>	<input type="checkbox"/>		
18.2	If not, is a suspended cradle (or similar) available for contractors?	<input type="checkbox"/>	<input type="checkbox"/>		
18.3	Is this equipment inspected or maintained in any way?	<input type="checkbox"/>	<input type="checkbox"/>		
18.4	Are there anchorage points to secure ladders over 6 metres long?	<input type="checkbox"/>	<input type="checkbox"/>		
18.5	Are these inspected or maintained in any way?	<input type="checkbox"/>	<input type="checkbox"/>		
18.6	Are suitable anchorage points for safety harnesses available?	<input type="checkbox"/>	<input type="checkbox"/>		
18.7	Are these inspected or maintained in any way?	<input type="checkbox"/>	<input type="checkbox"/>		

19 Organisation of Traffic Routes (for pedestrians AND vehicles):					
		Yes	No	Comments	Remedial Action Required
19.1	Are traffic routes for pedestrians clearly separated from vehicles? <i>(incl. car park)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
19.2	Are there lines denoting separate routes for vehicles/pedestrians	<input type="checkbox"/>	<input type="checkbox"/>		
19.3	Any limited headroom?	<input type="checkbox"/>	<input type="checkbox"/>		
19.4	Is the lighting adequate in the area?	<input type="checkbox"/>	<input type="checkbox"/>		
19.5	At pedestrian entry points to the car park, have barriers been provided to maintain separation?	<input type="checkbox"/>	<input type="checkbox"/>		
19.6	Are there any doors which open directly on to a roadway?	<input type="checkbox"/>	<input type="checkbox"/>		

20 Doors and Gates:					
		Yes	No	Comments	Remedial Action Required
20.1	Does any door open in more than one direction?	<input type="checkbox"/>	<input type="checkbox"/>		
20.2	Are these doors (& any on major routes) fitted with viewing panels?	<input type="checkbox"/>	<input type="checkbox"/>		
20.3	Will these panels allow wheelchair users to see and be seen?	<input type="checkbox"/>	<input type="checkbox"/>		
20.4	Do sliding doors have any effective means to prevent the door coming off the end of the track?	<input type="checkbox"/>	<input type="checkbox"/>		
20.5	Are there any power operated doors?	<input type="checkbox"/>	<input type="checkbox"/>		
20.6	If so, are there safety features to prevent people being trapped? (e.g. a sensitive edge and associated trip device to stop or reverse the motion of the door or gate when obstructed or a device to limit the closing force)	<input type="checkbox"/>	<input type="checkbox"/>		
20.7	Do power operated doors have an emergency stop switch?				

21 Building Exterior:					
		Yes	No	Comments	Remedial Action Required
21.1	Is the yard or car park surface in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
21.2	Free of defects likely to cause slips or trips?	<input type="checkbox"/>	<input type="checkbox"/>		
21.3	Likely to become slippery for any reason? (including snow and ice)	<input type="checkbox"/>	<input type="checkbox"/>		
21.4	Are there any sloping surfaces?	<input type="checkbox"/>	<input type="checkbox"/>		
21.5	Are there any drains and if so are the covers secure and level?	<input type="checkbox"/>	<input type="checkbox"/>		
21.6	Do any escape routes from the building lead into this yard?	<input type="checkbox"/>	<input type="checkbox"/>		
21.7	If so, will a clear and well defined route lead to a place of safety well away from the building?	<input type="checkbox"/>	<input type="checkbox"/>		
21.8	Is there a speed restriction in the area?	<input type="checkbox"/>	<input type="checkbox"/>		
21.9	Are signs to this effect provided?	<input type="checkbox"/>	<input type="checkbox"/>		

22		Sanitary Conveniences and Washing Facilities:			
		Yes	No	Comments	Remedial Action Required
22.1	Are the number of toilet facilities adequate for our needs? <i>[see tables at end for guidance]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
22.2	Are these in good working order?	<input type="checkbox"/>	<input type="checkbox"/>		
22.3	Are disabled facilities available?	<input type="checkbox"/>	<input type="checkbox"/>		
22.4	Are the supplies of toilet paper sufficient?	<input type="checkbox"/>	<input type="checkbox"/>		
22.5	Have coat hooks been fitted in all WCs?	<input type="checkbox"/>	<input type="checkbox"/>		
22.6	Have sanitary towel disposal bins been provided in female toilets?	<input type="checkbox"/>	<input type="checkbox"/>		
22.7	Do wash basins have running hot and cold water available?	<input type="checkbox"/>	<input type="checkbox"/>		
22.8	Are the facilities sufficiently private?	<input type="checkbox"/>	<input type="checkbox"/>		
22.9	Are toilets sufficiently well ventilated to remove offensive odours?	<input type="checkbox"/>	<input type="checkbox"/>		
22.10	Are the toilets separate from all other areas? <i>(e.g. kitchens)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
22.11	Is the lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>		
22.12	What arrangements for cleaning the toilets are in place?	<input type="checkbox"/>	<input type="checkbox"/>		
22.13	Do the facilities permit wet cleaning? <i>(e.g. ceramic tiling)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
22.14	Are the stored water supplies inspected, cleaned and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>		
22.15	If so, how often?	<input type="checkbox"/>	<input type="checkbox"/>		

23		Drinking Water:			
		Yes	No	Comments	Remedial Action Required
23.1	Is a drinking water supply provided? <i>[separate from toilets]</i>	<input type="checkbox"/>	<input type="checkbox"/>		
23.2	If so, is it clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>		
23.3	Are drinking cups provided?	<input type="checkbox"/>	<input type="checkbox"/>		
23.4	If disposable cups are used, are waste disposal facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>		

24 Accommodation for Clothing:					
		Yes	No	Comments	Remedial Action Required
24.1	Are coat racks or similar available for staff's personal clothing?	<input type="checkbox"/>	<input type="checkbox"/>		
24.2	If in a separate area, is a secure locker available for everyone?	<input type="checkbox"/>	<input type="checkbox"/>		

25 Facilities for rest and to eat meals:					
		Yes	No	Comments	Remedial Action Required
25.1	Are work breaks taken in the normal work area?	<input type="checkbox"/>	<input type="checkbox"/>		
25.2	If so, can meals be eaten here?	<input type="checkbox"/>	<input type="checkbox"/>		
25.3	Are there facilities to obtain or prepare hot drinks?	<input type="checkbox"/>	<input type="checkbox"/>		
25.4	Are there facilities to prepare or heat food?	<input type="checkbox"/>	<input type="checkbox"/>		
25.5	Are staff liable to interruption during breaks?	<input type="checkbox"/>	<input type="checkbox"/>		
25.6	Are separate facilities for breaks and meals provided?	<input type="checkbox"/>	<input type="checkbox"/>		
25.7	Are these adequate for the numbers using them?	<input type="checkbox"/>	<input type="checkbox"/>		
25.8	Is there a cleaning routine for kitchens etc. in place?	<input type="checkbox"/>	<input type="checkbox"/>		
25.9	Are adequate waste disposal facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>		

26 Facilities for Pregnant Women and Nursing Mothers:					
		Yes	No	Comments	Remedial Action Required
26.1	In ladies' toilets are there any facilities for pregnant women and nursing mothers to rest?	<input type="checkbox"/>	<input type="checkbox"/>		
26.2	Is there a facility to lie down?	<input type="checkbox"/>	<input type="checkbox"/>		

27 Prevention of Discomfort Caused by Tobacco Smoke:					
		Yes	No	Comments	Remedial Action Required
27.1	Is smoking permitted in rest areas?	<input type="checkbox"/>	<input type="checkbox"/>		
27.2	If so, are separate facilities available for non-smokers?	<input type="checkbox"/>	<input type="checkbox"/>		

Note: Minimum numbers of sanitary facilities:

The following tables show the minimum number of sanitary conveniences and washing stations which should be provided. The number of people at work shown in column 1 of the first table refers to the maximum number likely to be in the workplace at any one time. Where separate sanitary accommodation is provided for a group of workers, e.g. men, women, office workers or manual workers, a separate calculation should be made for each group. In the case of sanitary accommodation used only by men, the second table may be followed as an alternative. A urinal may either be an individual urinal or a section of urinal space which is at least 600mm long.

No. of people at work	No. of WCs	No. of washstations
1 to 5	1	1
6 to 25	2	2
26 to 50	3	3
51 to 75	4	4
76 to 100	5	5

No. of men at work	No. of WCs	No. of urinals
1 to 15	1	1
16 to 30	2	1
31 to 45	2	2
46 to 60	3	2
61 to 75	3	3