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| **RISK ASSESSMENT FOR:** | Contractors | |  |
| **Establishment:**  Bilingual Day Nursery | **Assessment by:**  **Rachel Barsby-Robinson** | **Date: 14/01/19** |

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| **Hazard / Risk** | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* | | **Risk Level (L/M/H/VH)** |
| **In Place** | **Adequate** |  |
|  | Staff, children and visitors |  |  | Yes | Yes |  |
| **Objects or Equipment to Consider** | | | | | |  |
| **Trips and slips** | Staff, children and Visitors | Injury to themselves if the fall | Making sure their equipment is safe and is used safely. Making sure they are not causing a hazard to children and staff whilst they are in the building. Trying to get contractors in on a quieter day or the weekend. | Yes | Yes | L |
| **Falls** | Staff, children and Visitors | Injury to themselves if the fall | Making sure the equipment they are using is not causing a tripping hazard. Trying to get contractors in on a quieter day or the weekend. | Yes | Yes | L |
| **Personal injury (cuts or wounds)** | Staff, children and Visitors | Injury to themselves if the fall | Making sure their equipment is safe and that children can not access it. Trying to get contractors in on a quieter day or the weekend. | Yes | Yes | L |
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| **Additional Control Measures**  *(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).* | **Action by Whom**  *(list the name of the person/people who have been designated to conduct actions)* | **Action by When**  *(set timescales for the completion of the actions – remember to prioritise them)* | **Action Completed**  *(record the actual date of completion for each action listed)* | **Residual Risk Rating** |
|  |  |  |  |  |
| **DATE OF REVIEW:**  *Record actual date of**review*  04/05/2020 | **COMMENTS:**  *Record any comments reviewer wishes to make. Including recommendations for future reviews.* | | | |
| **DATE OF**  **REVIEW:** | **COMMENTS:** | | | |
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| **RESIDUAL RISK RATING** | **ACTION REQUIRED** |
| **VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring** | **The activity must not take place at all.**  You must identify further controls to reduce the risk rating. |
| **HIGH (H) Possibility of fatality/serious injury occurring** | You must identify further controls to reduce the risk rating.  Seek further advice, e.g. from your H&S Team |
| **MEDIUM (M) Possibility of significant injury or over 3 day absence occurring** | If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely. |
| **LOW (L) Possibility of minor injury only** | No further action required. |