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| **Risk Assessment** | | | | |
| **Risk Assessment for the activity of** | **Film screenings and discussins** | | **Date** | **08/09/2018** |
| **Club or Society** | **Neurodiversity and Disability Society** | **Assessor** |  | |
| **President or Students’ Union staff member** |  | **Signed off** |  | |

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| ***PART A*** | | | | | | | | | | |
| **(1) Risk identification** | | | **(2) Risk assessment** | | | | **(3) Risk management** | | | |
| **Hazard** | **Potential Consequences** | **Who might be harmed**  **(user; those nearby; those in the vicinity; members of the public)** | **Inherent** | | |  | **Residual** | | | **Further controls (use the risk hierarchy)** |
| **Likelihood** | **Impact** | **Score** | **Control measures (use the risk hierarchy)** | **Likelihood** | **Impact** | **Score** |
| Food allergies | Risk of allergic reaction to ingredients in food. | Event attendees, organisers | **2** | **3** | **6** | **Ensure all foods have ingredient lists/a list of common allergies available.**  **Representatives to ask attendees if they have any allergies.**  **If the food items may contain or do contain any common allergens, e.g. nuts, signs will be displayed to notify attendees of this:** | **1** | **3** | **3** |  |
| Psychological reaction to sensitive subjects in the films. | Feeling discomfort or triggering traumatic memories. |  | **2** | **3** | **6** | **Content warnings provided during advertisement and immediately before the screening.** | **1** | **2** | **2** |  |
| Rooms not being accessible for wheelchairs | Missing the event. Feeling sad |  | **2** | **1** | **2** | **Use accessible rooms.** | **1** | **1** | **1** |  |
| Trip hazards | Falling. Death. |  | **3** | **3** | **9** | **Put trip hazards out of the way. Warn about hazards which can't be put out of the way.** | **2** | **2** | **4** |  |
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| ***PART B – Action Plan*** | | | | | | | |
| **Risk Assessment Action Plan** | | | | | | | |
| **Part no.** | **Action to be taken, incl. Cost** | **By whom** | **Target date** | | **Review date** | **Outcome at review date** | |
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| Responsible committee member signature: | | | | | Responsible committee member signature: | | |
| Print name: Erin Mayfield Howson | | | | Date: 08/09/2018 | Print name: Jamal Kinsella | | Date 08/09/2018 |

**Assessment Guidance**

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| 1. Eliminate | Remove the hazard wherever possible which negates the need for further controls | If this is not possible then explain why |  |
| 1. Substitute | Replace the hazard with one less hazardous | If not possible then explain why |
| 1. Physical controls | Examples: enclosure, fume cupboard, glove box | Likely to still require admin controls as well |
| 1. Admin controls | Examples: training, supervision, signage |  |
| 1. Personal protection | Examples: respirators, safety specs, gloves | Last resort as it only protects the individual |

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| **LIKELIHOOD** | 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |
|  | | 1 | 2 | 3 | 4 | 5 |
| **IMPACT** | | | | |

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| Impact | | Health & Safety |
| 1 | Trivial - insignificant | Very minor injuries e.g. slight bruising |
| 2 | Minor | Injuries or illness e.g. small cut or abrasion which require basic first aid treatment even in self-administered. |
| 3 | Moderate | Injuries or illness e.g. strain or sprain requiring first aid or medical support. |
| 4 | Major | Injuries or illness e.g. broken bone requiring medical support >24 hours and time off work >4 weeks. |
| 5 | Severe – extremely significant | Fatality or multiple serious injuries or illness requiring hospital admission or significant time off work. |



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| Likelihood | |
| 1 | Rare e.g. 1 in 100,000 chance or higher |
| 2 | Unlikely e.g. 1 in 10,000 chance or higher |
| 3 | Possible e.g. 1 in 1,000 chance or higher |
| 4 | Likely e.g. 1 in 100 chance or higher |
| 5 | Very Likely e.g. 1 in 10 chance or higher |