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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Believe And Do Good Week** | **Date** | **14th-28th**  |
| **Unit/Faculty/Directorate** | **Southampton Islamic society** | **Assessor** | **Ali Khan** |
| **Line Manager/Supervisor** | ***Ali Khan*** | **Signed off** | ***Ali Khan*** |

| ***PART A***  |
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| **(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 Allergy | Example- a person with a nut allergy comes in contact with nuts resulting in an allergic reaction | Anyone with an allergy, including both customers and people on the stall | **2** | **5** | **10** | * Ensure that it is clear what allergens each item being sold contains. Bakers will be instructed to provide detailed allergy information ahead of the event, including the 14 most common allergens.
* Ensure that anyone on the stall with an allergy carries an EpiPen with them
* Ensure that allergen-free cakes are available and separated from the normal items
 | **1** | **3** | **3** | Medical attention will be sought by calling emergency services if required. |
| Falls | Injury | Anyone | **2** | **4** | **8** | * Ensure that the area around the stall is free from potential trip hazards – i.e. any equipment is either kept on top of or under the tables
* Advise no running and to walk sensibly to prevent falls
* Ensure that any dropped food is cleared up appropriately
 | **1** | **3** | **3** |  |
| Choking  | Food getting stuck in the throat making it painful  | Anyone eating | **2** | **5** | **10** | * Advise people to eat slowly
* Advise people to not talk whilst eating
* Advise people to chew food properly before swallowing
 | **1** | **4** | **4** | Medical attention will be called if needed |
| Food-borne illness | Customers becoming unwell | Anyone eating | **2** | **3** | **6** | * Ensure that good food preparation guidelines are followed prior to the event
* Ensure that bakers and people on the stall are not unwell
* Ensure that the customer handles items they want to purchase to minimise contact between vendor and customer
 | **1** | **3** | **3** |  |
| CoViD-19 | Possible infection, leading to illness | Anyone, especially those in at-risk groups | **2** | **5** | **10** | * Ensure hand sanitiser is made available for customers and vendors to use
* Ensure that objects and surfaces that are handled regularly are disinfected appropriately
* Ensure that the stall is not overcrowded with volunteers
* Ensure that anyone queuing maintains a safe level of distancing
 | **1** | **5** | **5** | The event is held outside in open air, reducing the risk of airborne transmission. |
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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 manager’s signature: | Responsible manager’s signature: |
| Print name: Ali Khan | Date: 14/02/2022 | Print name: Ali Butt | Date: 14/02/2022 |

**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.  |

Risk process

1. Identify the impact and likelihood using the tables above.
2. Identify the risk rating by multiplying the Impact by the likelihood using the coloured matrix.
3. If the risk is amber or red – identify control measures to reduce the risk to as low as is reasonably practicable.
4. If the residual risk is green, additional controls are not necessary.
5. If the residual risk is amber the activity can continue but you must identify and implement further controls to reduce the risk to as low as reasonably practicable.
6. If the residual risk is red do not continue with the activity until additional controls have been implemented and the risk is reduced.
7. Control measures should follow the risk hierarchy, where appropriate as per the pyramid above.
8. The cost of implementing control measures can be taken into account but should be proportional to the risk i.e. a control to reduce low risk may not need to be carried out if the cost is high but a control to manage high risk means that even at high cost the control would be necessary.

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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 |