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| **Date:** | **November 2019** |  |  |  |  |  |  |  |  |  |  |
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| **Assessors Name:** | **Liam Smith** | **Reference Number:** |  **RA010** | **Review Date:** | **November 2020** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Endorsed By:** | **Danny Brown** | **Signature:** | **D. Brown** | **Position:** | **Operations Manager** | **Date:** | **4/12/2019** |
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| **Description of assessment** | Slips Trips & Falls |
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| **Location Details** | **Darlington Arena** |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Slips Trips FallsSame level Accidents due to poor lighting, Uneven surfaces, discarded waste or obstacles left in walkways. | EmployeesContractorsVisitors | 3 | 4 | 12 | H | * Walkways and work areas are kept clean and free from discarded waste equipment and other obstacles
* External work areas are kept free of mud, leaves, ice, snow etc.
* Salt supplies are readily available for application to icy paths and roadways
 | * Regular safety briefings carried out
* Time allowed in work schedule for site tidying
 |  |  | 3 | 1 | 3 | L |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Continued…Slips Trips FallsSame level Accidents due to poor lighting, Uneven surfaces, discarded waste or obstacles left in walkways.Injuries can range from minor cuts and abrasions to severe bruising and serious fractures. | EmployeesContractorsVisitors | 3 | 4 | 12 | H | * Internal lights maintained
* Trailing cords and cables are routinely managed
* Rubbish and waste materials are removed regularly
* Spillages are cleaned up immediately
 |  |  |  | 3 | 1 | 3 | L |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Continued…Stadium Steps leading to seating areas | EmployeesContractorsVisitors | 3 | 4 | 12 | H | * Steps are to be kept clear of litter and rubbish
* Nose’s of steps to be painted with yellow safety paint to clearly identify
 | * Regular checks throughtout event, matches
* Monthly checks on any further painting requirement
 |  |  | 3 | 1 | 3 |  L |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Continued…Frozen walkways, steps and concourse | EmployeesContractorsVisitors | 3 | 4 | 12 | H | * Reporting to Stadium Maintenance to address
* Report to reception to pre-warn staff and customers
 | * Regular checks throughtout through winter
* Checked on a day to day basis
* Salt and salt spreader kept on site
 |  |  | 3 | 1 | 3 |  L |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Continued…Toilets and other smooth wet surfaces | EmployeesContractorsVisitors | 3 | 3 | 9 | H | * Staff awareness.
* All spillages to be mopped immediately, when necessary “Caution Wet Floor signs” displayed
 | * Regular checks throughout event, matches
 |  |  | 2 | 2 | 4 | L |

**Guidance Notes**

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| **SEVERITY** | **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** |
| **LIKELIHOOD** |

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| **LIKELIHOOD** |
| **5** | **Almost Certain – Very High Risk** |
| **4** | **Probable – High Risk** |
| **3** | **50/50 – Medium Risk** |
| **2** | **Improbable – Low Risk** |
| **1** | **Almost impossible – Low Risk** |

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| **SEVERITY** |
| **5** | **Fatality – Very High Risk** |
| **4** | **Severe incapacity – High Risk** |
| **3** | **Absent 3 weeks – Medium Risk** |
| **2** | **Absent less than 1 day – Low Risk** |
| **1** | **Insignificant – Low Risk** |

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| **1-4** | **5-9** | **10-15** | **16 - 25** |
| **LOW** | **MEDIUM** | **HIGH** | **VERY HIGH** |
| **Continue with existing control, however monitor for changes.****Implement any additional control measures required, within the timescales given in the** **risk assessment.** | **Requires attention to reduce the rating as well as regular ongoing monitoring.** **Implement any additional control measures required, within the timescales given in the** **risk assessment.** | **Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.** | **Stop immediately – the risk is too high.** **Take immediate action to reduce the risk to the lowest level possible.**  |

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| **Additional comments:**1. This risk assessment needs to be discussed with employees before they operate the plant/equipment to ensure compliance with all control measures through their understanding
2. Employees are to sign an acknowledgement sheet for their understanding of this risk assessment
3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss
4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document
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| **Assessor 1 name:** |  | **Signature:** |  | **Date:** |  |

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| **Assessor 2 name:** |  | **Signature:** |  | **Date:** |  |

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| **I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level. I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.** |
| **Employee name** | **Job description** | **Date** | **Employee comments/recommendations** | **Signature** |
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