

# Risk Assessment Form



Assessment Ref:	Assessment Date:	Final Risk:
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Activity Title:
Activity Description:

Area(s) Covered:			
Entrance Courtyard	Reception/Shop	Office in house	Farm Courtyard & grass
Manor House	Wheat Barn	Barley Barn	Ox Byre
Stables	Dairy/Coal Shed	Animal Paddocks	Animal store/Tabernacle
Toilets	Orchard	Other Outbuildings	Walled Garden
Pig Stys	Soft play area	Fenced Fields	Woodland Walk
Sandpit area	Staff Room	Front courtyard play	Woodland play area
Dairy Lawn	Front of Wheat Barn	Moat play area	Back of stables
Animal Handling Area	Picnic area	Office in Entrance	Kitchen (Behind House)
Other (Specify):			

Cases Covered:			
Public	Staff	Schools	Volunteers
Organised Group	Private Party	Contractor	Individuals
Groups	Pregnant Women	Children	Disabled
Specify max no. for groups (if known):			

Identified Hazards			
Electric	Chemical(COSHH to be completed)	Sharp	Manual Handling
Biological	Drowning	Impact	Other(s)
Description:			
Worst case outcome:			
Hazard Rating:		Likelihood:	Initial Risk:
<i>10 Fatal, 8 Severe, 5 Off-Work, 3 Minor, 1 None</i>		<i>10 Certain / Imminent, 8 V Likely, 5 Likely, 3 Unlikely, 1 Remote</i>	<i>Hazard x Likelihood 100-50 High, 49-20 Medium, 19-1 Low</i>

Control Measures in Place			
Gloves	Masks	Protective Clothing	Protective Footwear
Head Protection	Signage	Training	Other(s)
Description:			
Mitigated Likelihood:			
Mitigated Likelihood: <i>10 Certain / Imminent, 8 V Likely, 5 Likely, 3 Unlikely, 1 Remote</i>		Mitigated Risk: <i>Hazard x Likelihood 100-50 High, 49-20 Medium, 19-1 Low</i>	

Can any short term controls be implemented to reduce this risk further?	Action Date	Date Complete and signed off
Description:		

Long term controls to be investigated to reduce this risk further?	Action Date	Date Complete and signed off
Description:		

Additional Comments:
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Name of Assessor:

*I confirm that I have checked, agree with and accept the risk assessment, on behalf of the Board of Trustees.*

Position:

Name:

Date:

Position:

Signed:

Signed and Dated: