

Risk Assessment Form



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| Assessment Ref: | Assessment Date: | Final Risk: |
|-----------------|------------------|-------------|

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| Activity Title: |
| Activity Description: |

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|----------------------|---------------------|----------------------|-------------------------|
| 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): | | | |

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

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|--|---------------------------------|--|-----------------|
| Identified Hazards | | | |
| Electric | Chemical(COSHH to be completed) | Sharp | Manual Handling |
| Biological | Drowning | Impact | Other(s) |
| Description: | | | |
| Worst case outcome: | | | |
| Hazard Rating: | | Likelihood: | |
| <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> | |
| Initial Risk: | | | |
| <i>Hazard x Likelihood 100-50 High, 49-20 Medium, 19-1 Low</i> | | | |

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|---|---------|---|---------------------|
| 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: | | |

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

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| 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: