



South Tyneside Council

RISK ASSESSMENT

Department: Services for Young People, Children, Adults & Families		Section: Thurston O.E.C.		Assessment No: H1									
Work Activity	Drinks Room												
Method/Task	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Risk rating, without controls <i>(see Matrix overleaf)</i></td> </tr> <tr> <td style="width: 80%;">High</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Medium</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Low</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					Risk rating, without controls <i>(see Matrix overleaf)</i>		High	<input type="checkbox"/>	Medium	<input checked="" type="checkbox"/>	Low	<input type="checkbox"/>
Risk rating, without controls <i>(see Matrix overleaf)</i>													
High	<input type="checkbox"/>												
Medium	<input checked="" type="checkbox"/>												
Low	<input type="checkbox"/>												
Hazards	Slips, trips, bumps & falls Burning & scalding Trapped fingers												
Population Exposed	Employees:	<input checked="" type="checkbox"/>	Sub Contractors:	<input checked="" type="checkbox"/>	Public:	<input type="checkbox"/>							
	Young Persons:	<input checked="" type="checkbox"/>	Special Groups:	<input checked="" type="checkbox"/>	Children:	<input checked="" type="checkbox"/>							
Control Measures	Drinks room is lockable Suitable signage in room Warning sign on hot kettles Induction / briefing to area for all users Primary aged children not to use kettles without staff supervision Cups sterilised in kitchen dishwasher Facility can be closed by any key holder if being used inappropriately or safe practice is not being followed <p style="text-align: center;">Continue on separate sheet, if necessary</p>												
Information Instruction Training Required	As above												
Personal Protective Measures (PPE)													

Implementation Plan		By Whom	Target Date
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Risk Rating with Controls in place	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input checked="" type="checkbox"/> LOW
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Monitoring and Review	Review Date	By Whom	Target Date
	<i>Jan 2018</i>	<i>Staff</i>	<i>Jan 2018</i>

Action Identified From Review	NONE	By Whom As above	Target Date As above
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Risk Matrix				
Likelihood	Worst Case Outcome			
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

Assessment conducted by: _____ Signed: _____ Date: _____

Revised: January 2018. AS, RC, MK, JS, CN, JR