

Chad Vale Primary School Risk Assessment (Appendix H)

Lead Assessor

Nicola Millward

Date

25/9/09

Ref No	Identify the Hazard (Briefly describe the how the hazard is encountered and the type of harm that can arise) ➤ Metal green shed in Reception play area.
1	Shed catch is stiff and difficult to open/close. Fingers can be caught or scratched. Storing of bikes. If stacked they fall on your feet. Storing boxes on shelves full of outdoor toys. They can be dropped on you and it can hurt your back if too heavy. Mould on toys/boxes can be inhaled and grow on further toys.
2	
3	
4	
5	

Who might be harmed? (Number of people)	Severity/worst case outcome?	Probability/Likelihood?	Risk Factor (see key)
Employees	Major injury 4 <input type="checkbox"/>	Certain 4 <input type="checkbox"/>	9
Pupils	High injury 3 <input type="checkbox"/>	Probable 3 <input type="checkbox"/>	
New/Expectant Mothers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Contractors(C)	Moderate injury 2 <input type="checkbox"/>	Possible 2 <input type="checkbox"/>	
Visitors	Minimal injury 1 <input type="checkbox"/>	Improbable 1 <input type="checkbox"/>	

Recommended Precautions and/or Risk Controls	Priority (see key)
<p>1. Only adults are to open the shed. No children are allowed in to remove/put back toys. 2. Ensure bikes are not stacked on top of each other. 3. Do not put heavy toys in boxes on shelves and label them to identify the content. Only adults are to remove and put away toys/equipment.</p> <p>4. Make regular inspections of toys, ensuring that they are cleaned regularly and if mould is found throw them out.</p> <p>Risk Factor with recommended Workplace Precautions and/or Risk Controls</p>	Final Risk Factor 4

PRIORITY KEY: I = Immediate M = Medium L = long term (consult risk level evaluator)
 ACTIONS KEY: Eliminate, Substitute, Reduce, Isolate, Control, Personal Protective Equipment, Discipline
 RISK FACTOR: Likelihood x Severity = Risk Factor
It is strongly recommended that the section on Risk Assessment in the Safety Manual be consulted

Name person responsible for action (if required):	By when:
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Date of review: 25/9/10 Signed: