



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Health & Safety Risk Assessment Guidance

Ref: CF:005:04	RE: Guidance on Completion of General Risk Assessment Form		
Issue date:	October 2017	Review date:	October 2019
Author(s):	National Health & Safety Function		
Legislation:	Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.		
Note:	<p><i>It is responsibility of local management to implement any remedial actions identified.</i></p> <p><i>The following provides an explanation on how to complete a General Risk Assessment Form</i></p>		

Health and Safety General Risk Assessment Form

Division: Insert Division e.g. Mental Health Division / Acute Hospital	Source of Risk: Document the sources of the risk e.g. Risk assessment, Audit, Inspection Report result of incident
HG/CHO/NAS/Function: Insert as appropriate	Primary Impact Category: Choose the Primary risk category from the HSE Impact Table i.e. Harm to a Person / Compliance
Hospital Site/Service: Insert name of site / Service	Risk Type: Choose whether it is Strategic (most commonly identified at corporate / senior Mgt level) OR Operational (most commonly identified at service delivery level). (delete as appropriate)
Dept/Service Site: Insert name of ward / department e.g St Marys Ward	Name of Risk Owner (BLOCKS): Insert the name of the person with responsibility to assess and manage the risk in line with organisational policy i.e. normally the Line Manager of Service / Area.
Date of Assessment: Insert date of risk assessment	Signature of Risk Owner: As above
Unique ID No: Assign a number for each risk assessment	Risk Co-Ordinator N/A

Risk Assessor (s): Insert names of those completing the risk assessment

HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER	DUE DATE
Identify the hazard and describe who might be harmed and how, where and when.	Detail the current control measures to include all measures put in place to eliminate or reduce the risks and include engineering controls, policies, procedures, protocols, guidelines (clinical and non-clinical), training, emergency arrangements, preventative maintenance controls etc. When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.	Detail the measures necessary to eliminate or further reduce the level of risk. In line with Schedule 3 of the Safety, Health and Welfare at Work Act, 2005 consider the hierarchy of controls : Elimination/ substitution/ engineering/ administrative/ PPE Consider the interim and long term measures.	Enter the name (s) of the responsible person(s) for implementation of each control measure.	Enter the date by which implementation of the additional controls to mitigate the risk are due.

INITIAL RISK RATING			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed

Rating of risk is carried out taking account of existing control measures. Please refer to HSE Risk Assessment Tool for assignment of likelihood and impact scores and the rating of risk

Each of the risk should be assigned a risk **status**.
•Open, i.e. additional controls have been identified as necessary
•Monitor, i.e. existing controls are deemed adequate to manage the risk but these need to be periodically reviewed
•Closed, i.e. that the risk no longer exists e.g. where an unsuitable premises is replaced by a suitable one