**CHST 2 – General Risk Assessment Form** 

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| **Health and Safety Risk Assessment**  |
| **Site Address/Location**:  | **Operations/Work Activities/Environment covered by this assessment**: |
| **Directorate/Service/Team**: | **Affected persons:****Employees:** [ ]  **Contractors:** [ ]  **Customer:** [ ] **Children:** [ ]  **Visitors:** [ ]  **Members of the Public…….**[ ] **Agency:** [ ]  **Others (specify):** |
| **Date of Assessment**: |
| **Date of issues**: |
| **Note:** A person specific assessment must be carried out for young persons, new or expectant mothers, returning to work after injury, returning after illness or accident and those with diagnosed health conditions resulting from work activities |

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| **Record of who has been consulted** |  |  |  |
| **Name** | **Job Title** | **Assessment agreed by all team members (Date)** |  | **Assessors Name**  | **Signature**  |
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| **Identify the Hazards. A hazard is anything that has the potential to cause harm. (*Step 1)*** | **Who might be harmed and how? *(Step 2)*** | **What are you already doing to control the risks and protect people? *(Step 3.a)*** | **What further action do you need to take to control the risks? *(Step 3.b) Consider hierarchy of controls – Elimination, substitution, Engineering controls, Administrative controls, Personal Protective Equipment (PPE) and clothes last resort*** | **Action to be taken to further control the risks. *(Step 4)*** |
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| **Who needs to carry out the action?** **(Name)** | **When is the action needed by?****(Date)** | **Date action completed.****(Date and initial)** |
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| **Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions, these are**: |
| **Review** |
| **Review Date** **(Step 5)** | **Reviewed by** |  |
| **Date** | **Yes/No** | **Additional comments** |
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| **Name of person and job title, authorising, agreeing and confirming the assessment by (Name and Signature, Date):** |
| **Date shared with team and records maintained**: | **Review date (Step 5):** |
| **Date sent to Trade Union Health and Safety Representatives**  | **Date sent to Corporate Health and Safety Team email** **employee.healthandsafety@derby.gov.uk** **when required**: |

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| **The following sections should be completed by all employees who need to be made aware of and abide by the findings of the Risk Assessment. NB: If, because of a result of a review, changes are made to the Risk Assessment the relevant box on the attached page should be completed as appropriate by the staff concerned.** |
| RISK ASSESSMENT |

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| **I confirm that I am aware of and understand the findings of the Risk Assessment and agree to ensure that I will work to the stated Control Measures and bring to the attention of Management any deficiencies in the findings of the Assessment.** |

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| **Print Name** | **Job title** | **Signature** | **Date** | **Print Name** | **Job Title** | **Signature** | **Date** |
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