|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood** |  | | **Matrix** | | | | | |
| **5** | **5** | | **10** | **15** | **20** | **25** | 17-25 High  10-16 Medium  5-9 Low  1-4 Very Low |
| **4** | **4** | | **8** | **12** | **16** | **20** |
| **3** | **3** | | **6** | **9** | **12** | **15** |
| **2** | **2** | | **4** | **6** | **8** | **10** |
| **1** | **1** | | **2** | **3** | **4** | **5** |
|  | **1** | | **2** | **3** | **4** | **5** |  |
|  | | **Consequence** | | | | |  |

## Five Rivers Child Care Ltd

## Risk Assessment for: Pest Control at Beck House (Poisoned Bait boxes)

## 

**Date:** 11/05/16

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard | People/Person Affected and how | Already in place | Assessment of Risk | | | Risk control required | Action required by | Completed |
|  | | |  |  |  |
| *Liklihood*  *Level* | *x Consq*  *Level* | *= Risk*  *Level* |  |  |  |
| The poisoned bait boxes may be tampered with. | All | All staff and young person are aware of the location of the bait boxes and have been made aware that they are not to be tampered with. | 1 | 2 | 2 | The bait boxes are being checked firstly after two weeks of installation and at 6 periods per annum thereafter. | Wiltshire Pest Services. |  |
| The Poison may be ingested by those at Beck house | All | In the unlikely event that ingestion should occur. Staff are to seek medical assistance immediately by first calling 111 following instructions. | 1 | 4 | 4 | Staff have been made aware of the location of the bait boxes and are to inform management if any poison is sighted. | STP or management to consult with pest control. |  |
| Dead rats may be sighted. | All | If dead rats are sighted around the home, Staff are to inform a TP, STP or management to contact pest control for appropriate disposal. | 3 | 1 | 3 | Staff are aware of this risk assessment and signed understanfing of this process | TP, STP, Manager.  Wiltshire Pest Services |  |

**Note: High = Unacceptable, action required**

**Assessors Name: Tom Horbury Signature:**

**Review Date: 11/05/16 Next Review Date:11/10/16**

*Risk Assessment to be reviewed annually or before if any changes are identified in work procedures or equipment etc*