**Health and Safety Risk Assessment**

**Service: Date:**

**Name of Assessor: Role of Assessor:**

|  |  |  |  |
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| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Do you need to do anything else to control this risk?** |
| Moving and Handling |  |  |  |
| Equipment Safety |  |  |  |
| Slips and trips |  |  |  |
| Bed Rails |  |  |  |
| Hazardous substances, infections and diseases |  |  |  |
| Legionella |  |  |  |
| Hot water and surfaces |  |  |  |
| Fire |  |  |  |
| Smoking |  |  |  |
| Violence and Aggression |  |  |  |
| Work related Stress |  |  |  |
| General work Environment |  |  |  |
| General Welfare |  |  |  |
| Driving at work |  |  |  |
| Community trips |  |  |  |
| First Aid |  |  |  |
| Smoking |  |  |  |
| Lone Working |  |  |  |