Main Site Risk Assessment Sheet

Date:
Area: Centre and education room
Room/section: Main room

Area/Object	Potential hazard	L	S	RF	Current control measures	Action in event of	Additional control measures	Action Taken Date
General	Trip / fall / slip	3	2	6	Warn sign when floor wet	1st Aid	None	
Microscope TV	Fall	3	2	6	Mountings checked	1st Aid	None	
Shop area	Trip / fall / slip	3	2	6	Keep area clear	1st Aid	None	
Electrical points / plugs	Electrical shock	2	4	8	All unused plugs / covers	999 1st Aid	Test equipment every year	
Touch table rocks	Foot injury	2	3	6	Tidy and sort regularly	1st Aid	None	
Aquarium	Electrical shock	3	4	12	Tank cover secure	999 1st Aid	Checked daily	
Front steps	Trip / fall / slip	3	2	6	Non slip tread	999 1st Aid	None	
Theatre	Trip / fall	2	3	6	All flooring secure	1st Aid	None	
Fire escape	Blockage	3	4	12	Kept clear at all times	N/A	Regular check	
Fire escape	Door jammed	5	4	20	Inspect – check daily	N/A	Regular check	
Water Taps	Scald	1	3	3	Hot water off at all times	1st Aid	None	
Sharp corners	Injury from corners	3	4	12	Rounded edges / covers	1st Aid	None	

Safety equipment		
Assessed by:		
Checked by:	[signature]	29-5-26

Reviewed by	Date