Outdoor Classroom Risk Assessment

| RISK ASSESSMENT FOR: | Outdoor Classroom | | | | | |
|---|-------------------|-------|--|--|--|--|
| Establishment: Hampstead Hill School | Assessment by: | Date: | | | | |
| 1 st Review Date Due: | Manager Approval: | Date: | | | | |



| Severity 1-3 | | | Likelihood 1-3 | | |
|--------------|---|---|----------------|---|---|
| Minor | Slight injury/illness | 1 | Low | Where harm will seldom occur | 1 |
| Moderate | Injury/Illness causing short term disability | 2 | Medium | Where harm will often occur | 2 |
| Severe | Fatality or major injury or illness causing long term | 3 | High | When it is certain or near certain that harm will | 3 |
| | disability | | | occur | |

| Hazard/Risk | Who is at Risk? | How can the hazards cause harm? | Likelihood Low (1) Medium (2) High (3) | Severity Minor (1) Moderate (2) Severe (3) | Risk (Multiply Risk x Severity) | Control Measures/Comment | Are Normal Control Measures Y/N/NA | |
|-------------|--------------------|---------------------------------|---|--|--|--------------------------|------------------------------------|----------|
| | | | | | | | In Place | Adequate |
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| Additional Hazards | Estimated Risk Level | | evel | Control Measures | Action | |
|---------------------------|----------------------|--------|------|------------------|--------|--|
| Identified in this School | High | Medium | Low | to be Instituted | Dated | |
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| Additional Control Measures (to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels) | Action by Whom (list the name of the person/people who have been designated to conduct actions) | Action by When (set timescales for the completion of the actions – remember to prioritise them) | Action Completed (record the actual date of completion for each action listed) | Residual Risk Rating (see below) | | |
|---|---|---|---|--|--|--|
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| | | | | | | |
| DATE OF REVIEW: | COMMENTS: | | | | | |
| Record actual date of review | Record any comments reviewer wishes to make. Including recommendations for future reviews. | | | | | |
| DATE OF REVIEW: | COMMENTS: | | | | | |
| DATE OF REVIEW: | COMMENTS: | | | | | |
| | | | | | | |
| Employees informed of risk assessment via all of the following means: | | | | | | |
| Employees to report newly-identified hazards via: | | | | | | |
| Date of next assessment: | | | | | | |
| Assessment frequency: | | | | | | |
| Date: | Signed: | | | | | |