

Activity Risks / Project Risks / Operational Risks / Corporate Risks

Risk Being Assessed for: **Health and Safety**

Name: **John Clark**

Risk Title: **Slips and Trips**



Risk/ Ref No.	Risk Description & Consequences	Risk Probability (L/M/H) 1,2,3,	Risk Impact (L/M/H) 1,2,3,	Risk Priority Red if >6+ Amber if 3,4 Green if 1,2	Risk Indicator Type : <i>Tolerate, Treat, Transfer, Terminate</i>	Mitigation Action	Risk Priority After Mitigation Red if >6+ Amber if 3,4 Green if 1,2	Owner	Next Review Date
1	John or staff tripping on any hazards in the kitchen, risk to self and others. Risk of injury	2	2	4	Treat	(1) Staff to ensure kitchen is kept tidy and maintained in a good order. (2) Goods are to be stored appropriately. (3) Staff to make sure the kitchen area is clear from trailing cables or obstructions in walkway. (4) Any hazards that cannot be rectified should be reported immediately.	2	All Staff	18/04/21
2	John or staff slipping or tripping over the mat in the bathroom. Risk of injury	2	2	4	Treat	(1) Staff to ensure the mat is placed with the anti-slip side against the floor. (2) Staff to hang the bath mat over the side of the bath when not required to prevent John and staff tripping over the mat if it becomes folded.	2	All Staff	18/04/21
3	John or staff tripping on rug in livingroom and library. Risk of injury	2	2	4	Treat	(1) Staff to fix folds or bumps in the rugs to prevent trips (2) everyone in the property should be aware of the rugs and be cautious of the corners of the rugs turning up and becoming a tripping hazard.	2	All Staff	18/04/21
4	John or staff slipping in the kitchen, risk to self and others. Risk of injury	2	2	4	Treat	(1) Staff to ensure any spillages are cleaned up as soon as possible using appropriate cleaning materials. (2) Any leaks that cannot be rectified should be reported immediately.	2	All Staff	18/04/21

I/We have read, understand and agree with the risk assessment			
Signatures			
Print Name:	Sign Name:	Date:	Review Date: