8.HEALTH AND SAFETY: THE BBC RISK ASSESSMENT FORM

BBC **General Risk Assessment Form – Part A**

April 2007- DC

Division / Studio		**Department / Series**	
Business Unit / Production Address		**Producer / Editor** Tel: Mobile:	
Period covered by assessment		**Version number**	
Outline of risk assessment *Summary of what is proposed*			
Team members / experts / contractors / etc. *List those involved*			
Site / Office / Location *Outline site/ locations involved*			
Assessor Name Signature		**Date completed**	
Authoriser Name (if not Assessor) Signature		**Date authorised**	

Hazard list – *select your hazards from the list below and use these to complete Part B (add others where appropriate)*

Situational hazards	Tick	Physical / chemical hazards	Tick	Health hazards	Tick
Asbestos		Contact with cold liquid / vapour		Disease causative agent	
Assault by person		Contact with cold surface		Infection	
Attacked by animal		Contact with hot liquid / vapour		Lack of food / water	
Breathing compressed gas		Contact with hot surface		Lack of oxygen	
Cold environment		Electric shock		Physical fatigue	
Crush by load		Explosive blast		Repetitive action	
Drowning		Explosive release of stored pressure		Static body posture	
Entanglement in moving machinery		Fire		Stress	
Hot environment		Hazardous substance			
Intimidation		Ionizing radiation			
Lifting Equipment		Laser light		**Environmental hazards**	
Manual handling		Lightning strike		Litter	
Object falling, moving or flying		Noise		Nuisance noise / vibration	
Obstruction / exposed feature		Non-ionizing radiation		Physical damage	
Sharp object / material		Stroboscopic light		Waste substance released into air	
Slippery surface		Vibration		Waste substance released into soil / water	
Trap in moving machinery					
Trip hazard		**Other**			
Vehicle impact / collision					
Working at height					

Risk matrix – *use this to determine risk for each hazard i.e. 'how bad and how likely'*

Severity of Harm	Likelihood of Harm: Remote *e.g. <1 in 1000 chance*	Unlikely *e.g. 1 in 200 chance*	Possible *e.g. 1 in 50 chance*	Likely *e.g. 1 in 10 chance*	Probable *e.g. >1 in 3 chance*
Negligible e.g. *small bruise*	Very low	Very low	Very low	Low	Low
Slight *e.g. small cut, deep bruise*	Very low	Very low	Low	Low	Medium
Moderate *e.g. deep cut, torn muscle*	Very low	Low	Medium	Medium	High
Severe *e.g. fracture, loss of consciousness*	Low	Medium	High	High	Extremely high
Very Severe *e.g. death, permanent disability*	Low	Medium	High	Extremely high	Extremely high

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Risk Assessment Form – Part B

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Activity[1] – Each individual activity you are proposing *e.g. general office inspection:*			**Location** – where this activity will take place:	**Dates / times**:
Hazards[2] List what could cause harm from this activity *e.g. working at height, trip hazard, fire, etc.*	**Who exposed** List who might be harmed from this activity *e.g. staff, contractors, contributors, public, etc.*	**Risk**[3] For each hazard, decide level of risk as if you were to do the activity without your controls	**Control measures** For each hazard, list the measures you will be taking to minimise the risk identified *e.g. appointing competent persons, training received, planning, use of personal protective equipment, provision of first aid, etc.*	**Risk**[3] For each hazard, now decide level of risk once all your controls are in place

Continue on separate sheet if necessary

1 – complete separate table for each activity 2 - from hazard list in Part A 3 - from risk matrix in Part A