

Orbis Environmental and Safety

This is a free example of a Workplace Risk Assessment Template. For further information or guidance on completing Risk Assessments, or for help if you find a problem and don't know what to do about it, please email Ryan, our Safety Specialist: rldavies@orbisenvironmental.com












Site location	
Department	
Assessment Title	
Assessment Date	
Persons involved with risk assessment	

Overall Rating
Review Date

Version number	Date	Reason for assessment.

1. Describe the activity or work process. <i>(Include how long and how often this is carried out and the quantity of substance used)</i>				
Location of process being carried out?				
Identify the persons at risk:	Employees <i>(including trainees)</i>		Contractors	Visitors <i>(including environment)</i>
Name the substance involved in the process and its manufacturer. <i>(Include the 'Common Name'. A copy of a current safety data sheet for this substance should be attached to this assessment)</i>				
▪				

2. Classification <i>(tick the category of danger)</i>									
Explosive		Flammable		Oxidising		Health hazard		Serious health hazard	
									
Gas under pressure		Corrosive		Acutely Toxic		Environmental		Other (please state)	
									
Hazard Type									
Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other (State)		
Route of Exposure									
Inhalation		Skin		Eyes		Ingestion		Other (State)	
Workplace Exposure Limits (WELs) <i>please indicate n/a where not applicable</i>									
Long-term exposure level (8hrTWA):					Short-term exposure level (15 mins):				









3. Storage
▪

4. Disposal of Substances & Contaminated Containers							
Hazardous Waste		Recycle		Skip		Return to Supplier	
Other Please State:							

5. First aid measures
▪

6. State the Risks to Health from Identified Hazards
▪

7. Control Measures: <i>(for example extraction, ventilation, training, supervision ; consider the hierarchy of control). Include special measures for vulnerable groups, such as disabled people and pregnant workers. Also consider whether the substance could be substituted</i>
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<i>for a less hazardous alternative, or if exposure could be reduced.</i>			
Collective controls <i>(e.g. engineering controls)</i>			
Individual controls <i>(e.g. PPE)</i>			
Organisational controls <i>(e.g. training, job rotation)</i>			
Is additional health surveillance or monitoring required?	Yes	No	If yes, specify:
Personal Protective Equipment <i>(tick and state type and standard)</i>			
	Head protection:		Ear protection:
	Respiratory protection:		Eye protection:
	Hand protection:		Protective clothing:
	Safety Footwear:		Other:

ACTION PLAN <i>(To be completed by the Section/Department Manager)</i>			
Title:			Ref:
#	Risk rating	Action Plan Details	

All actions to be placed on the action tracker, assigned and given timescales for completion.

Declaration by responsible manager: *By signing this document I acknowledge the hazards presented by this substance, responsibility for ensuring that the control measures are followed, and that all persons using the substance will have this information communicated to them effectively.*

Name	Job Title	Signature	Date