



Risk Assessment Sheet

WORKPLACE RISK ASSESSMENT NUMBER:	001	DATE:	May 2012
LOCATION:	STAR CENTRE— Briefing Room		
OPERATION/PROCESS/ ACTIVITY:	CLASSROOM	NOISE ASSESSMENT:	N/A
SUBSTANCES USED:	N/A	COSHH ASSESSMENT: (DANGEROUS MATERIALS)	N/A
MAIN HAZARDS IDENTIFIED:	Slips, trips and falls. Finger traps		
OTHER POSSIBLE HAZARDS:			
EXPOSED PERSONS:	Schools and other groups, staff and contractors		
FREQUENCY OF EXPOSURE:	Daily	LIKELY DURATION OF EXPOSURE:	Variable
CONTROL MEASURES (INSTRUCTION/INFORMATION/TRAINING/NEW PRACTICES)			
<ol style="list-style-type: none"> 1. Height of elevated surfaces kept to a minimum. 2. No children allowed in classroom without a member of staff or teacher present. 3. No running permitted in the classroom. 			
MONITORING RESULTS:	Frequency: Annually Reported to: R. Thorpe		
RISK ASSESSMENT:	Risk (probability) (0-10) x Hazard (severity) (0-10) = (0-100) 2 x 3= 6		
ASSESSOR:	Rebecca Thorpe	POSITION:	Coordinator