RISK ASSESSMENT FORM



School/Dept	Marketing - UCP							Risk assessr	nent ID	no:			
Assessing Officer Daviann Walker		Date: 09/07/2021			Review Date: N/A		Location: Various locations on campus and in halls of residence						
Significant Hazards	Who might be harmed & how? How is th currently		e risk Initia controlled? Level					to further	leve	Residual risk level after controls?		Action By Whom	Deadline
				Probability	Severity	Risk Level			Probability	Severity	Risk Level		
Injury or illness whilst on site	Visiting students and/or staff/ambassadors	site. DW to be f contact. MI are first aid addition. A		1	3	Ма	No furthe	r action	1	3	Ма		
		and forwar	by the first aider iny incident ded to the ety officer/First										
Medical conditions or allergies	Illness or injury due to pre-existing medical condition or allergy.	pre-existing condition o first-aid tra	iny relevant	1	2	Acc	No furthe	r action	1	2	Acc		

RISK ASSESSMENT FORM



	Name:	Position:	Date:	Signature:
Prepared by:		Outreach Programme Manager	28/05/2021	Deval
Reviewed by:				
Approved by:				



	Severity (S) r	ating	NB : If activities give rise to specific risks that should			
Probability (P) rating	Minor (1)	Serious (2)	Major (3)	be assessed further such as manual handling, COSHH, display screen equipment then reference needs to be made to the relevant risk assessment		
Low, may happen (1)	1	2	3	form and guidance document for such.		
Medium, could happen (2)	2	4	6	Information is available from the Health & Safety Information Page.		
High, will happen (3)	3	6	9	Refer to the Newman University Risk Matrix Explanatory Notes to determine risk ratings		
Risk Categories:			and Legal References.			
Acceptable	Marginal	Moderate	Unacceptable			