

# BOARD OF HEALTH

## OFFICE GENERIC RISK ASSESSMENT FORM

Site/Area..... Address.....

Assessed by (PRINT) ..... Signed..... Date.....

Checked by (PRINT) ..... Signed..... Date.....

ACTIVITY or AREA	HAZARD(S)	PERSONS AT RISK	LIKELY CONTROL MEASURES	Controls Adequate ? Y/N	RESIDUAL RISK (H.M.L.)	FURTHER ACTION NEEDED
<b>1. Reception</b>	<b>Slips-Trips-Falls</b> Due to:- <ul style="list-style-type: none"> <li>• Litter/notes on floor</li> <li>• Loose cables</li> <li>• Wet area's</li> <li>• Insufficient lighting</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• <i>Ensure a good standard of housekeeping is maintained.</i></li> <li>• <i>Ensure that all trailing cables are encased in rubber.</i></li> <li>• <i>Ensure reception area remains free of obstruction at all times.</i></li> <li>• <i>Ensure that adequate lighting is available at all times.</i></li> </ul>		Low	
	<b>Verbal/Physical Abuse</b> From:- <ul style="list-style-type: none"> <li>• Clients</li> <li>• Visitors</li> <li>• General public</li> <li>• Other staff</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• <i>Ensure that reception area's have an alarm button.</i></li> <li>• <i>Ensure that local management arrangements are in place to respond to any call.</i></li> <li>• <i>Ensure that adequate lighting is available.</i></li> <li>• <i>Ensure that appropriate training is available to staff.</i></li> </ul>		Low	
<b>Cont. Overleaf</b>						
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<b>1. Reception Cont.</b>	<b>Moving &amp; Handling :-</b> <ul style="list-style-type: none"> <li>• Patients notes</li> <li>• Receiving stores</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• <i>Ensure that all staff have attended moving &amp; handling training.</i></li> <li>• <i>Ensure compliance with trust moving and handling policy.</i></li> </ul>		Low	
	<b>Electric Shock :-</b> <ul style="list-style-type: none"> <li>• From frayed cables.</li> <li>• From faulty equipment.</li> <li>• Broken / damaged plugs</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• <i>Ensure that all staff know how to report defective equipment.</i></li> <li>• <i>Ensure all equipment is checked Prior to use.</i></li> <li>• <i>Ensure all equipment is checked annually.</i></li> </ul>		Low	
	<b>Display Screen Equipment:-</b> <ul style="list-style-type: none"> <li>• Eye strain</li> <li>• Work related upper limb disorder.</li> <li>• General posture problems.</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• <i>All user workstations to be subject to assessment.</i></li> <li>• <i>Ensure adherence to trust display screen equipment policy.</i></li> <li>• <i>Record and review assessments regularly.</i></li> </ul>		Low	

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<b>2. Office Area's</b>	Slips Trips & Fall Due to :- <ul style="list-style-type: none"> <li>• Litter/notes on floor</li> <li>• Loose cables.</li> <li>• Wet area's.</li> <li>• Insufficient lighting.</li> </ul>	Staff and Clients	<ul style="list-style-type: none"> <li>• <i>Ensure a good standard of housekeeping is maintained.</i></li> <li>• <i>Ensure that all trailing cables are encased in rubber.</i></li> <li>• <i>Ensure that office area remains free of obstructions.</i></li> <li>• <i>Ensure that adequate lighting is available.</i></li> </ul>		Low	
	Moving and Handling Due to :- <ul style="list-style-type: none"> <li>• Patient notes.</li> <li>• Receiving stores.</li> <li>• Moving equipment.</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• <i>Assessment of loads to be lifted.</i></li> <li>• <i>Staff advised to only lift that which they feel confident with.</i></li> <li>• <i>Use help if appropriate.</i></li> <li>• <i>Use handling aids where possible.</i></li> </ul>		Low	
	<b>Display Screen Equipment.</b> Due to:- <ul style="list-style-type: none"> <li>• Eye strain</li> <li>• Work related upper limb disorder.</li> <li>• General posture problems.</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• <i>All user workstations to be subject to assessment.</i></li> <li>• <i>Ensure adherence to trust display screen equipment policy.</i></li> <li>• <i>Record and review assessments regularly.</i></li> </ul>		Low	

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Office Area's Cont.	<b>Falls from Height.</b> Due to:- <ul style="list-style-type: none"> <li>• Unsuitable stools or steps being provided.</li> <li>• Storing items at height.</li> <li>• insufficient railings or edge protection.</li> </ul>	Staff	<ul style="list-style-type: none"> <li>• Suitable steps or stools provided.</li> <li>• Good standard of racking maintained.</li> <li>• Avoidance of storing materials/files at height (e.g. tops of cupboards).</li> </ul>		Low	
	<b>Fire - Injury</b> Due to:- Heat (burns). Smoke inhalation.  <b>Damage</b> Due to:- Heat Smoke  <b>Electric Shocks</b> Due to:- Frayed cables Faulty equipment	Staff and Clients	<ul style="list-style-type: none"> <li>• Compliance with trust fire procedures.</li> <li>• Adequate number of fire extinguishers to trust fire standards.</li> <li>• Adequate maintenance of extinguishers.</li> <li>• Regular alarm checks carried out and recorded.</li> <li>• Regular fire lectures.</li> </ul>		Low	
Office Area's Cont.			<ul style="list-style-type: none"> <li>• Ensure all staff know how to report defective equipment.</li> <li>• Ensure all equipment is checked prior to use.</li> <li>• Ensure all equipment is checked annually.</li> </ul>			

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<b>Office Area's Cont.</b>	<b>General Injuries</b> Due to :- Contact with machinery. (i.e. photocopier paper shredder, desk etc.).	Staff , clients and visitors	<ul style="list-style-type: none"> <li>• <i>Ensure that hazardous equipment is marked accordingly.</i></li> <li>• <i>Ensure equipment is stored correctly and not placed in dangerous positions.</i></li> <li>• <i>Ensure office area is laid out safely.</i></li> </ul>		Low	
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