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| **NAME:** | | | | | **DATE:** | |
| **POTENTIAL**  **HAZARD** | **PERSONS**  **AT RISK** | **DEGREE OF RISK**  (refer to Key on reverse) | | | **MEASURES UNDERTAKEN**  **TO MINIMISE RISK** | **FURTHER ACTIONS**  **REQUIRED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK RATING** |
| *EXAMPLE: overheating of projector - could cause fire* | *public; staff; artist* | *H* | *L* | *M* | *projector PAT tested; plinth for projector provides sufficient ventilation; manufacturers safety requirements checked and adhered to; fire alarms and fire extinguishers nearby* | *gallery staff to be vigilant and regularly check for signs of overheating, switching off and unplugging if necessary.* |
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| **KEY** | | | | | | | | |
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| **SEVERITY** | | **LIKELIHOOD** | | **RISK RATING MATRIX** | | | | |
| Fatality, irreparable damage to property or equipment    Injury, sever to property or equipment  No injuries, no damage to property or equipment | H  M  L | Likely or frequent, expected to occur  Possible, could occur    Improbable, very unlikely to occur | H  M  L | SEVERITY | H | M | H | H |
| M | M | M | H |
| L | L | M | M |
|  | L | M | H |
|  | LIKELIHOOD | | | |

**INSTRUCTIONS FOR COMPLETION**

1. Identify the hazard, find the associated issues, enter persons at risk i.e. employee, contractor, artist or public.
2. Enter the likelihood or frequency of the hazard i.e. low, medium or high according to the table above. Do the same for the severity of the injury.
3. Use the risk rating matrix in the table above to multiply the likelihood and severity. This gives the overall risk rating after risk control measures are instigated. **NB**. If there are no controls in place enter the required control to mitigate the risk into the further actions column and notify the required personnel to implement the controls as required.
4. Put in control measures i.e. signage, changes in working practice or procedures. Try to remove the process if possible if not try to remove personnel from the hazard if not use engineering controls, as a last resort use PPE.

**SIGNED**  **DATE**