Appendix 2 –

|  |
| --- |
| **Humber & North Yorkshire Integrated Care Board Risk Assessment** |
| **(Item Description) RISK ASSESSMENT** |
| 1. **Pre-Risk Assessment Score**
 |

|  |  |  |
| --- | --- | --- |
| **Severity of risk** |  **Likelihood of risk** | **Overall Risk Score** |
| **(Number from chart below here)** | **(Number from chart below here)** | **(Total Number totaling matrix score)** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Hazard**

(i.e., Burn, Electric Shock, Trip etc.) | **Who may be harmed****(i.e., Staff, Visitor, Contractor etc.)**  | **Control measures****(i.e., Policy/ Procedure, Servicing, Signage, PAT tested, Incident reporting etc.)** | **Name of and responsibility of completion and annual review of the risk assessment** |
| *
 |  |  |  |

****

|  |
| --- |
|  **3. Residual Risk Score** |

|  |  |  |
| --- | --- | --- |
| **Severity of risk** |  **Likelihood of risk** | **Overall Risk Score** |
| **(Number from Chart below here)** | **(Number from Chart below here)** | **(Total Number totaling matrix score)** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Name of person completing risk assessment:**
 | **Appointed person sign off:** | **Date:** | **Review Date:** |
| **(NAME)** | **(NAME)** |  |  |
| **Signatures to confirm that this is a suitable and sufficient risk assessment and that stated control measures are in place. This assessment will be reviewed annually.** |

****