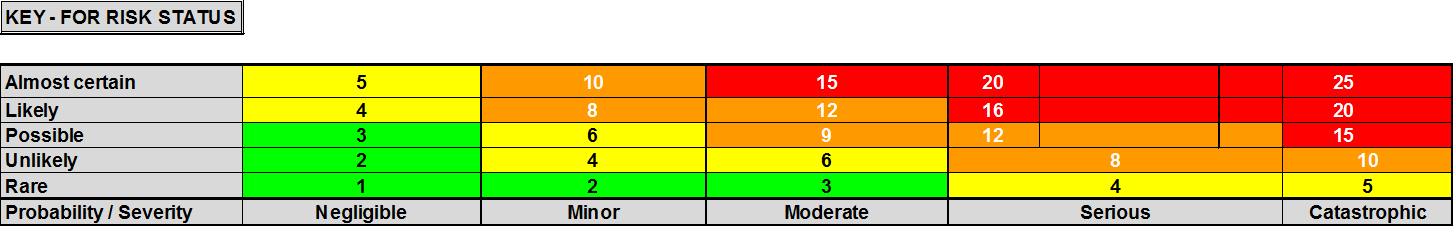
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| **Humber & North Yorkshire Integrated Care Board Risk Assessment** |
| **(Item Description) RISK ASEESSMENT** |
| 1. **Pre-Risk Assessment Score** |
|  |

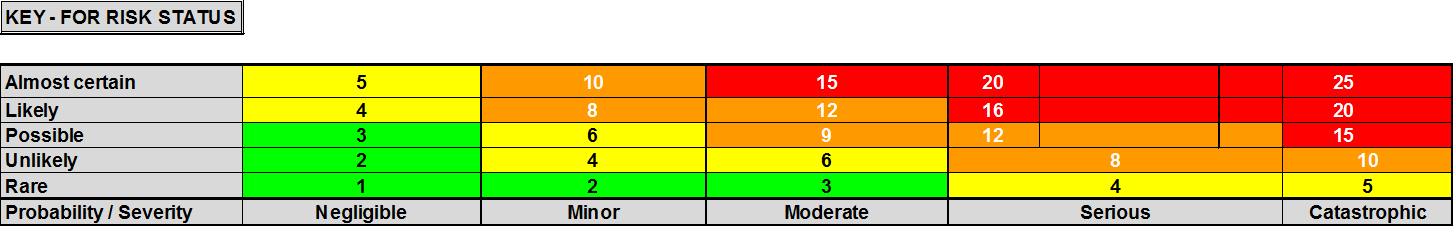
|  |  |  |
| --- | --- | --- |
| **Severity of risk** | **Likelihood of risk** | **Overall Risk Score** |
| **(Number from chart below here)** | **(Number from chart below here)** | **(Total Number totaling matrix score)** |

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| --- | --- | --- | --- |
| 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** |
|  |  |  |  |

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| **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)** |

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| --- | --- | --- | --- |
| 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 should be reviewed regularly or as a minimum annually.** | | | |