Risk assessment

NHS SCOTLAND

Section A: Details

1. Department / ward

2. Site location

3. Risk assessment covering

- Lone working ☐
- Work-related driving ☐
- Violence and aggression ☐

Section B: Work activity

4. Description of the work activity where situation could occur

5. Who is performing the work activity? (please tick all that apply)

- Admin / clerical staff ☐
- AHPs ☐
- Dental staff ☐
- Facilities / estate staff ☐
- Lab staff ☐
- Medical staff ☐
- Nursing staff ☐
- Pharmacy staff ☐
- Psychology staff ☐
- Agency / locum staff ☐
- Students ☐
- Contractors ☐
- Local Authority staff (Integrated Services only) ☐
- Staff bank ☐
- Volunteers ☐
- New mothers / expectant mothers ☐
- Young workers (under 18 yrs) ☐
- Other (please specify below) ☐

6. Total number of employees potentially exposed or involved

7. Frequency of employees exposed or involved

- Infrequently ☐
- Once a year ☐
- Every few months ☐
- Monthly ☐
- Several times a month ☐
- Once a week ☐
- Several times a week ☐
- Daily ☐
- Hourly ☐
- Constantly ☐
- Other (please specify below) ☐

Section C: Current control measures

8. Control measures currently in place to reduce the risk related to activity

9. Risk rating with current control measures in place

The table below illustrates the estimated residual risk to employee health, safety, and welfare after control measures have been applied. Please select the relevant tick box for the estimated residual risk.

Table: Likelihood vs Severity

		Severity				
		No harm	**Minor**	**Moderate**	**Major**	**Extreme**
Likelihood	**Almost certain**	Medium	High	High	Very high	Very high
	Likely	Medium	Medium	High	High	Very high
	Possible	Low	Medium	Medium	High	High
	Unlikely	Low	Medium	Medium	Medium	High
	Rare	Low	Low	Low	Medium	Medium

Risk rating key

Low: Satisfactory risk – maintain controls (green)

Medium: Additional controls may be needed – monitor regularly (yellow)

High: Unacceptable risk without additional controls – act immediately (orange)

Very high: Stop activity until risk reduced – urgent action required (red)

10. Please state if current controls reduced the level of risk to satisfactory (low / green) or acceptable (medium / yellow) levels?

yes no

If you have stated **yes**: Go to **Section E** (date and sign assessment and review regularly).

If you have stated **no**: Go to **Section D** (list further control measures required).

Section D: Further control measures required

11. Significant residual risk identified.
Where a significant residual risk has been identified, detail further control measures required to adequately reduce this risk to levels that are as low as is reasonably practicable.

Detail further action / control measures

Name of responsible person

Target date (dd/mm/yyyy)

Section E

12. Please sign below to confirm that you have completed the risk assessment.

Name

Designation

Signature

Date (dd/mm/yyyy)

13. Risk assessment should be reviewed following a change in frequency / severity of violence and aggression incident, a change to working practice or at least annually.

First review completed by

Designation

Signature

Date (dd/mm/yyyy)

Second review completed by

Designation

Signature

Date (dd/mm/yyyy)

For digital signature functionality, please open this form in Adobe Acrobat. Viewing this form in a browser may not support signature features.