



South Tyneside Council

RISK ASSESSMENT

Department: Services for Young People, Children, Adults & Families		Section: Thurston O.E.C.		Assessment No: H1									
Work Activity	Drinks Room												
Method/Task	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Risk rating, without controls <i>(see Matrix overleaf)</i></td> </tr> <tr> <td style="width: 70%;">High</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Medium</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Low</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					Risk rating, without controls <i>(see Matrix overleaf)</i>		High	<input type="checkbox"/>	Medium	<input checked="" type="checkbox"/>	Low	<input type="checkbox"/>
Risk rating, without controls <i>(see Matrix overleaf)</i>													
High	<input type="checkbox"/>												
Medium	<input checked="" type="checkbox"/>												
Low	<input type="checkbox"/>												
Hazards	Slips, trips, bumps & falls Burning & scalding Trapped fingers Hygiene												
Population Exposed	Employees:	<input checked="" type="checkbox"/>	Sub Contractors:	<input checked="" type="checkbox"/>	Public:	<input type="checkbox"/>							
	Young Persons:	<input checked="" type="checkbox"/>	Special Groups:	<input checked="" type="checkbox"/>	Children:	<input checked="" type="checkbox"/>							
Control Measures	Drinks room is lockable Suitable signage in room Warning sign on hot kettles Induction / briefing to area for all users Primary aged children not to use kettles without staff supervision Cups sterilised in kitchen dishwasher Facility can be closed by any key holder if being used inappropriately or safe practice is not being followed Regular deep Clean of drink dispensers.												
	Continue on separate sheet, if necessary												
Information Instruction Training Required													

Personal Protective Measures (PPE)			
Implementation Plan		<i>By Whom</i>	<i>Target Date</i>

Risk Rating with Controls in place	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input checked="" type="checkbox"/> LOW
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Monitoring and Review	Review Date	<i>By Whom</i>	<i>Target Date</i>
	<i>Jan 2022</i>	<i>Staff</i>	<i>Jan 2023</i>
Action Identified From Review	NONE	<i>By Whom</i> As above	<i>Target Date</i> As above

Risk Matrix

Likelihood		Worst Case Outcome		
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

Assessment conducted by: _____ Signed: _____ Date: _____

Revised: January 2022 AS, AD, JH, SB, JY.