

|                                |  |                            |  |
|--------------------------------|--|----------------------------|--|
| <b>Area/Activity Assessed</b>  | Outbuildings – Nursery Annex             | <b>Date Completed</b>      | 23.01.24   |
|                                |  | <b>Review Date</b>         | 23.01.25   |
| <b>Assessment Completed By</b> | Keith Wilkinson (NEBOSH and NEBOSH Fire) | <b>Person(s) Consulted</b> | Rob Beard (Site Manager – Jayne Ecclestone (Finance Manager) |

|                              |                      |                                     |                    |                          |                     |                                     |                         |                          |                               |                          |                        |                                     |
|------------------------------|----------------------|-------------------------------------|--------------------|--------------------------|---------------------|-------------------------------------|-------------------------|--------------------------|-------------------------------|--------------------------|------------------------|-------------------------------------|
| <b>Persons Exposed</b>       | <b>Employees</b>     | <input checked="" type="checkbox"/> | <b>Contractors</b> | <input type="checkbox"/> | <b>Young Person</b> | <input checked="" type="checkbox"/> | <b>Expectant Mother</b> | <input type="checkbox"/> | <b>Visitors and/or Public</b> | <input type="checkbox"/> | <b>Trespassers</b>     | <input type="checkbox"/>            |
| <b>Frequency of Exposure</b> | <b>Continually</b>   | <input type="checkbox"/>            | <b>Hourly</b>      | <input type="checkbox"/> | <b>Daily</b>        | <input checked="" type="checkbox"/> | <b>Weekly</b>           | <input type="checkbox"/> | <b>Monthly</b>                | <input type="checkbox"/> | <b>Yearly</b>          | <input type="checkbox"/>            |
| <b>Duration of Exposure</b>  | <b>Less than 1hr</b> | <input type="checkbox"/>            | <b>1-2 hrs</b>     | <input type="checkbox"/> | <b>3-4 hrs</b>      | <input type="checkbox"/>            | <b>5-6 hrs</b>          | <input type="checkbox"/> | <b>7-8 hrs</b>                | <input type="checkbox"/> | <b>More than 8 hrs</b> | <input checked="" type="checkbox"/> |

|                    |  |             |  |
|--------------------|--|-------------|--|
| <b>Probability</b> | 5= Very Likely, 4= Likely, 3= Quite Possible, 2= Possible, 1= Unlikely | Low 0-8     | Low risk no action required                                      |
| <b>Severity</b>    | 5= Catastrophic, 4= Major, 3= Moderate, 2= Minor, 1= Insignificant     | Medium 9-15 | Medium risk ensure adequate controls are in use                  |
|                    |  | High 16-25  | High risk stop operation and implement adequate control measures |

| No | Hazard                 | Existing Control Measures  | Residual Risk |             |      | Additional Control Measures  |
|----|------------------------|--|---------------|-------------|------|--|
|    |                        |  | Severity      | Probability | Risk |  |
| 1. | Slips, trips and falls | <ul style="list-style-type: none"> <li>All employees are aware of the need for good housekeeping throughout the premises.</li> <li>All access routes, walkways and general floor areas are suitably illuminated using an appropriate level of lighting.</li> <li>Appointed cleaning maintains the office and welfare areas on a daily basis including the cleaning of floor surfaces.</li> <li>Floor surfaces of the premises areas are subject to on-going visual inspections by all employees throughout the working day.</li> <li>Designated walkways have been established where appropriate and all employees are aware that they must remain free from obstruction.</li> </ul> | 3             | 3           | 9    | <ul style="list-style-type: none"> <li>Corridor access to the kitchenette has a trip hazard as the floor is peeling upward. Advise a larger floor plate is used to remove the hazard.</li> </ul> |

| No | Hazard                  | Existing Control Measures   | Residual Risk |             |      | Additional Control Measures   |
|----|-------------------------|---|---------------|-------------|------|---|
|    |                         |   | Severity      | Probability | Risk |   |
|    |                         | <ul style="list-style-type: none"> <li>On-going supervision completed by nominated personnel who ensure employees are adhering to safe working practices.</li> </ul>  |               |             |      |   |
| 2. | Electrocution           | <ul style="list-style-type: none"> <li>Fixed electrical installation inspected.</li> <li>Equipment in excellent condition.</li> <li>Shutters are maintained by an external contractor annually.</li> <li>PAT testing completed annually.</li> </ul>   | 5             | 1           | 5    |   |
| 3. | Fire                    | <ul style="list-style-type: none"> <li>Fire Risk Assessment completed in accordance with the Regulatory Reform (Fire Safety) Order 2005.</li> <li>The assessment considers the provision of preventative measures, means of raising the alarm, staff training and provision of firefighting equipment.</li> <li>All alarm and emergency lighting systems are maintained by appointed competent contractor.</li> <li>Smoking prohibited in the building in line with current legislation.</li> <li>Fire extinguishers present.</li> <li>Fire alarm and detection present.</li> <li>All escape routes are unobstructed.</li> <li>Sources of ignition and combustible items kept apart.</li> </ul> | 5             | 2           | 10   | <ul style="list-style-type: none"> <li>Fire stop required around the flexible extractor pipe leading into the ceiling void. Advise this is filled with flame retardant expanding foam or cut to size fireboard.</li> </ul>  |
| 4. | Cuts, bumps and bruises | <ul style="list-style-type: none"> <li>Equipment in good condition.</li> <li>Low level storage.</li> <li>First Aid available on site and fully stocked.</li> </ul>  | 3             | 3           | 9    | <ul style="list-style-type: none"> <li>Disabled toilet is used for the storage of materials. Toilets should not be used for storage to ensure items cannot fall and cause an injury.</li> <li>Radiator cover is not secured to the wall. Advise strong fixing are put in place to stop the radiator cover falling forward and causing an injury.</li> </ul> |

| No | Hazard   | Existing Control Measures  | Residual Risk |             |      | Additional Control Measures   |
|----|--|--|---------------|-------------|------|---|
|    |  |  | Severity      | Probability | Risk |   |
| 5. | Housekeeping   | <ul style="list-style-type: none"> <li>Regular cleaning procedure in place.</li> <li>Rubbish is removed by appointed cleaning.</li> <li>Rubbish bins are emptied daily.</li> </ul>   | 3             | 1           | 3    |   |
| 6. | Contamination caused by poor hygiene (toilets, welfare areas)<br><i>Staff may suffer from ill health issues due to contamination of welfare areas e.g. sickness, exposure to legionella or similar virus</i> | <ul style="list-style-type: none"> <li>The areas are subject to cleaning regime.</li> <li>Stored water systems are subject to an on-going monitoring regime to ensure that they remain free from Legionella bacteria.</li> <li>Bi-Annual risk assessment completed.</li> <li>A/C units are serviced on an annual basis.</li> </ul>   | 3             | 3           | 9    | <ul style="list-style-type: none"> <li>Disabled toilet is used for the storage of materials. Toilets should not be used for storage to ensure good hygiene practices.</li> </ul>                            |
| 7. | Un-authorized Access   | <ul style="list-style-type: none"> <li>Visitors are required to report to reception and sign into a register.</li> <li>All visitors are accompanied throughout the building at all times unless a valid DBS has been presented.</li> <li>Access is restricted to authorised site staff.</li> </ul>   | 3             | 3           | 9    | <ul style="list-style-type: none"> <li>Storeroom is currently used for hazardous COSHH materials which is unsecure. Advise access is restricted by either locking or placing a lock on the door.</li> </ul> |
| 8. | Exposure to Asbestos Containing Materials (ACM's)<br><i>Exposure to inhalable or ingestible ACM fibres could lead to Asbestos related disease for those affected</i>   | <ul style="list-style-type: none"> <li>Location of ACM's was established by previous survey.</li> <li>ACM's are subject to on-going monitoring by the school management team following the guidance provided by the survey.</li> <li>ACM register information is given to all outside contractor personnel who may be required to work in the location where ACM's are present.</li> </ul> | 5             | 1           | 5    |   |
| 9. | COSHH  | <ul style="list-style-type: none"> <li>Substances controlled by competent personnel.</li> <li>Staff are trained in the safe use of COSHH.</li> <li>COSHH assessments completed.</li> <li>SDS and COSHH file available on site.</li> </ul>  | 3             | 2           | 6    |   |

**ACTIONS ARISING FROM THE RISK ASSESSMENT**

| <b>Hazard number</b> | <b>Risk Rating</b> | <b>Who will be responsible for the additional control measures?<br/>Name(s)</b> | <b>When will the actions be complete?</b> | <b>Date complete and any comments or note</b> |
|----------------------|--------------------|---|---|---|
| 1.1                  | Med                | Site Team   | 1 Month                                   |   |
| 3.1                  | Med                | Site Team   | 1 Month                                   |   |
| 4.1&6.1              | Med                | Site Team   | 1 Month                                   |   |
| 4.2                  | Med                | Site Team   | 1 Month                                   |   |
| 7.1                  | Med                | Site Team   | 1 Month                                   |   |

## Acknowledgement

The following members of staff have read this risk assessment.  
 Their signatures are confirmation that they have read and understood all which is within its contents.

| Name | Signature | Date | Name | Signature | Date |
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