

**HEALTH AND SAFETY RISK ASSESSMENT**

**RISK ASSESSMENT FORM**

<p><b>1. TLBH/HLBH:</b>                    <b>Not Applicable</b></p> <p><b>Unit/Establishment:</b>        <b>PRB Gütersloh Football Club</b></p> <p><b>Section/Department:</b>      <b>___ Jugend / Girls U-</b></p>	<p><b>2. Assessment N°:</b></p> <p><b>Assessment date:</b></p> <p><b>Assessor:</b></p>															
<p><b>3. Activity/Process:</b></p>	<p><b>4. N° of persons at risk: [indicate with tick]</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%; text-align: center;">Coaching staff</th> <th style="width:33%; text-align: center;">Players/Parents</th> </tr> </thead> <tbody> <tr> <td>1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2 - 5</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6 – 10</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>10 plus</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><small>Note: activities that pose risk to more than one person or members of the public should be afforded high priority</small></p>		Coaching staff	Players/Parents	1	<input type="checkbox"/>	<input type="checkbox"/>	2 - 5	<input type="checkbox"/>	<input type="checkbox"/>	6 – 10	<input type="checkbox"/>	<input type="checkbox"/>	10 plus	<input type="checkbox"/>	<input type="checkbox"/>
	Coaching staff	Players/Parents														
1	<input type="checkbox"/>	<input type="checkbox"/>														
2 - 5	<input type="checkbox"/>	<input type="checkbox"/>														
6 – 10	<input type="checkbox"/>	<input type="checkbox"/>														
10 plus	<input type="checkbox"/>	<input type="checkbox"/>														
<p><b>5. Hazards involved with activity/process:</b></p>																
<p><b>6. Existing Safety measures/controls:</b></p>																
<p><b>7. The risk[s] remaining: [After existing control measures]</b>  <small>If there are none, or residual risks are acceptable write “Controls adequate” below and line manager/commander signs section 10 to signify approval of the assessment. If Risks still exist, detail them below and rate the residual Risks &amp; proceed to Section 8 if additional controls are required.</small></p>	<p><b>Risk rating:</b></p> <p><b>Likelihood x Severity = Rating</b></p>															

**Implementation of Controls & Monitoring**

**8. Additional Controls required:** [to reduce residual risk[s] is reasonably practicable to a risk rating of 4 and below]

**9. Additional Controls Agreed [Yes/No]** [If Yes detail the action to be taken]

Target date for implementation:

Signed and Appointment: \_\_\_\_\_ [Senior line manager responsible for activity/Process]

**10. Line Manager/Commander Assessment Approval /Review**

**Revised Risk Assessment**

Date implemented: \_\_\_\_\_ Controls effective Yes /~~No~~

Likelihood x Severity = Rating

Comments:

Signed & Appointment:

\_\_\_\_\_  
[Senior line manager/Commander responsible for activity/process]

Name:

Assessment review date: \_\_\_\_\_

**RISK RATING**

**RATING ACTION BANDS**

LIKELIHOOD	SEVERITY OF INJURY	RATING BANDS	ACTION REQUIRED
1 Most likely	1 Trivial Injuries	1 & 2 Minimal risk	Maintain control measures
2 Unlikely	2 Slight injury/ies	3 & 4 Low risk	Review control measures
3 Likely	3 Serious injury/ies	6 & 8 Medium risk	Improve control measures
4 Most Likely	4 Major injury/ies or death	9,12 &16 High risk	Improve control measures and consider stopping work

To establish Risk Rating, multiply “Likelihood” by the “Severity”

## RISK ASSESSMENT CONTINUATION FORM

<b>1b.TLBH/HLBH:</b> Not Applicable	<b>2b. Assessment N°:</b>
<b>Unit/Establishment:</b> PRB Gütersloh Football Club	<b>Assessment date:</b>
<b>Section/Department:</b> ___ Jugend / Girls U-	<b>Assessor:</b>
<b>5b. Hazards involved with activity/process:</b>	
<b>6b. Existing Safety Measures/Controls [Continued]</b>	