
		Health & Safety Risk Assessment Form		
Ref: CF:005:05		RE: General Risk Assessment Form		
Issue date:	October 2017	Revised Date:	Sept 2023	
Author(s):	National Health & Safety Function			
Legislation	Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.			
Note:¹	<p>Please note exposure to COVID-19 may present a health risk to staff and others at our places of work. It is essential that the latest public health advice is followed and suitable control measures identified and implemented to mitigate the risk of COVID-19 infection.</p> <p>When conducting risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.</p> <p>Where 2 metre worker separation cannot be ensured a specific activity risk assessment must be conducted and alternative protective measures must be put in place e.g. comprehensive hygiene measures, minimising the frequency and time staff are within 2 metres of each other, minimising the number of staff involved in the task, physical barriers, provision of face masks.</p> <p><i>It is responsibility of local management to implement any remedial actions identified.</i></p>			

¹ Please note this cover does not require printing for every Risk Assessment



National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

General Risk Assessment Form					
Division: Midlands Louth Meath CHO			Source of Risk:		
HG/CHO/NAS/Function:CHO8, Older People services			Primary Impact Category:		
Hospital Site/Service: Drogheda Services for Older People			Risk Type:		
Dept/Service Site: The Village Residence			Name of Risk Owner (BLOCKS):		
Date of Assessment:			Signature of Risk Owner:		
Unique ID No: RA 000			Risk Co-Ordinator:		
			*Risk Assessor (s):		
**HAZARD & RISK DESCRIPTION		EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
INITIAL RISK			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed

*Risk Assessor to be recorded for OSH risks only.

**Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.