



## Health & Safety Risk Assessment Form



Ref: CF:005:05	RE: General Risk Assessment Form								
Issue date:	October 2017	Revised Date:	June 2023 Driving						
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: <sup>1</sup>	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.								
	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.								
	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.								
	It is responsibility of local management to implement any remedial actions identified.								

<sup>&</sup>lt;sup>1</sup> 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: CHO 8 Midlands Lo	outh M	eath	Source of Risk: Driving for Work Vehicle							
HG/CHO/NAS/Function: CH	O8 Old	er Person's Services	Primary Impact Category: Harm to Person							
Hospital Site/Service: Drogl	neda Se	rvice for Older People	Risk Type: Operational							
Dept/Service Site: The Villa	ge Resi	dence	Name of Risk Owner (BLOCKS): Seamus Mc Caul							
Date of Assessment: 21/09/	2023		Signature of Risk Owner:							
Unique ID No: RA11			Risk Co-Ordinator: Andrea Doorly							
		*Risk Assessor (s):Seamus Mc Caul/Leena Varghese								
**HAZARD & RISK DESCRIPTION		EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED		ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE				
Vehicle —  Risk of breakdown from poorly maintained vehicles resulting in staff member being isolated with the potential for psychosocial injury  Risk of collision resulting in potential injury to staff, service users, other road users due to driver becoming distracted from service user behaviour while driving a HSE vehicle		staff ensure their cars are road rthy and have an NCT where propriate II staff ensure their cars serviced intained in accordance with nufacturer's recommendations reakdown assist available on some urance policies ervice user care plans are reviewed or to undertaking journeys and cessary controls put in place	Vehicle driver daily pre-checks to be completed in line with HSA/RSA/An Garda Siochana guidance Ongoing monitoring and review		Relevant Staff	Ongoing				
INITIAL RISK			Risk Status							
Likelihood	Impact	Initial Risk Rating	Open		Monitor	Closed				
2	2	4	✓							

<sup>\*</sup>Risk Assessor to be recorded for OSH risks only.

<sup>\*\*</sup>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.