
		<b>Health &amp; Safety Risk Assessment Form</b>		
<b>Ref:</b> CF:005:05	<b>RE: General Risk Assessment Form</b>			
<b>Issue date:</b>	October 2017	<b>Revised Date:</b>	June 2023 Driving	
<b>Author(s):</b>	National Health & Safety Function			
<b>Legislation</b>	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.			
<b>Note:<sup>1</sup></b>	<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>			

<sup>1</sup> Please note this cover does not require printing for every Risk Assessment



## General Risk Assessment Form

Division: CHO 8 Older Person's Services Drogheda		Source of Risk: Driving for Work		
HG/CHO/NAS/Function: CHO8		Primary Impact Category: Harm to Person		
Hospital Site/Service: St Mary's and Boyne View House		Risk Type: Operational		
Dept/Service Site: The Village including St Mary's Residence		Name of Risk Owner (BLOCKS): MAURA WARD		
Date of Assessment: 06062023		Signature of Risk Owner:		
Unique ID No: 11 ST M Driving		Risk Co-Ordinator: Michael McCaul		
		*Risk Assessor (s):		
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
The Journey – risk of injury to driver, passenger and other road users when journeys are: <ul style="list-style-type: none"><li>• Poorly planned</li><li>• Driving in inclement weather</li></ul>	All staff are required to: <ul style="list-style-type: none"><li>• Plan their route in advance to include safe parking</li><li>• Allocate adequate time for journeys to include the requirement for overnight stays</li><li>• Assess weather conditions prior to undertaking a journey using local, national weather broadcasts and travel bulletins to determine if it safe to make the journey and advise Line Manager</li><li>• Avoid unnecessary journeys by utilising remote communications i.e. teleconferencing/ skype</li><li>• When using Sat Nav., impute the destination before setting off and if required to change direction, stop in a safe place to do so</li></ul>	Continuous monitoring and review Relevant Staff	Relevant Staff	Ongoing



			<ul style="list-style-type: none"> <li>Place all items in the boot of the vehicle to avoid items becoming missiles in the event of accident</li> </ul>								
<b>INITIAL RISK</b>						<b>Risk Status</b>					
<b>Likelihood</b>		<b>Impact</b>	<b>Initial Risk Rating</b>			<b>Open</b>		<b>Monitor</b>		<b>Closed</b>	
2		2	4								

\*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.