**University Occupational Health and Safety**

**Form**

**TEMPLATE DEPARTMENTAL safety, health and wellbeing RISK REGISTER**

To assist departments in completing a risk register, below is a template risk register that can be used or modified as the department requires. Departments must ensure that for every risk that is identified, the appropriate entry in the risk register is completed with as much detail as possible.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk Definitions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Risk Rating Matrix | | | | | | | | | | |  | Risk Classification | | | | | | | |
| The likelihood of harm from a particular hazard is determined using the following criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Likelihood | | 5 | | | 5 | | 10 | 15 | 20 | 25 |  | Risk Rating | | | | Risk | | | |
| 1 | | May occur only in exceptional circumstances | | | | | | | | | | | | | | | | | | | | | | | V. Unlikely | | | | | | |  | |  | 1 – 3 | | | | Low | | | |
| 2 | | May occur given an unlikely sequence of events or failures | | | | | | | | | | | | | | | | | | | | | | | Unlikely | | | | | | |  | | 4 | | | 4 | | 8 | 12 | 16 | 20 |  |
| 3 | | Foreseeable under normal circumstances or past incident has occurred | | | | | | | | | | | | | | | | | | | | | | | Possible | | | | | | |  | |  | 4 – 9 | | | | Medium | | | |
| 4 | | Easily foreseeable under normal circumstances | | | | | | | | | | | | | | | | | | | | | | | Likely | | | | | | |  | | 3 | | | 3 | | 6 | 9 | 12 | 15 |  |
| 5 | | Inevitable under the circumstances or known past incidents | | | | | | | | | | | | | | | | | | | | | | | V. Likely | | | | | | |  | |  | 10 – 16 | | | | High | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | 2 | | | 2 | | 4 | 6 | 8 | 10 |  |
| The severity of harm from a particular hazard is determined using the following criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | 17 - 25 | | | | Very High | | | |
| 1 | | No Injury / Pain or minor injury not requiring first aid | | | | | | | | | | | | | | | | | | | | | | | Insignificant | | | | | | |  | | 1 | | | 1 | | 2 | 3 | 4 | 5 |  |
| 2 | | Minor injuries requiring first aid e.g. cuts or bruises. No lasting effects | | | | | | | | | | | | | | | | | | | | | | | Minor | | | | | | |  | |  |  | | | |  | | | |
| 3 | | Up to 3 days absence, flesh wound, bruising etc. | | | | | | | | | | | | | | | | | | | | | | | Moderate | | | | | | |  | |  | | | | | 1 | | 2 | 3 | 4 | 5 |  |
| 4 | | Requires over 3 days off work or a hospital visit. Reportable to the HSE | | | | | | | | | | | | | | | | | | | | | | | Major | | | | | | |  | |  |  |  |  |  |  |  |  |  | |
| 5 | | Single of multiple fatalities, long term disability or loss of limb | | | | | | | | | | | | | | | | | | | | | | | Fatal | | | | | | |  | | Severity | | | | | |  |  |  |  |  |  |  |  |  | |
| Control Effectiveness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Effective | | | | | | | | | | | | | | | | | | | 2 – Partially Effective | | | | | | | | | | | | | | | | | | | | | | 3 - Poor | | | | | | | | | | | | |
| Controls in place and proven to be working well through testing and monitoring. | | | | | | | | | | | | | | | | | | | Controls are not always in place, not proven to be working well, there is no testing or monitoring, or controls are being developed. Improvements in controls are required as soon as possible | | | | | | | | | | | | | | | | | | | | | | Controls have not yet been developed or implemented. Immediate action is required to control the risk before work continues | | | | | | | | | | | | |
| Level of Impact / Disruption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Minor | | | | | | | | | | | | | | | | | | | 2 – Moderate | | | | | | | | | | | | | | | | | | | | | | 3 - Major | | | | | | | | | | | | |
| None or minor injury of ill health condition | | | | | | | | | | | | | | | | | | | Specified injury (RIDDOR) or several cases of similar ill health condition. | | | | | | | | | | | | | | | | | | | | | | Fatality or more than 5 staff/students seriously injured or experiencing ill health condition. | | | | | | | | | | | | |
| Affecting on lab, workshop, office, floor of a building | | | | | | | | | | | | | | | | | | | Affecting one building or several departments. | | | | | | | | | | | | | | | | | | | | | | Affecting several buildings or entire campus. | | | | | | | | | | | | |
| None or limited failure of a system, process or service | | | | | | | | | | | | | | | | | | | Substantial failure of a system, process or service. | | | | | | | | | | | | | | | | | | | | | | Complete failure of a system, process or service | | | | | | | | | | | | |
| Duration is not going to exceed Recovery Time Objectives (RTO) for priority activities recorded in Business Impact Analysis (BIA) | | | | | | | | | | | | | | | | | | | Duration is likely going to exceed Recovery Time Objectives (RTO) for priority activities recorded in Business Impact Analysis (BIA) | | | | | | | | | | | | | | | | | | | | | | Duration is definitely going to exceed Recovery Time Objectives (RTO) for priority activities recorded in Business Impact Analysis (BIA). | | | | | | | | | | | | |
| No area physically closed of or one small area closed off | | | | | | | | | | | | | | | | | | | Substantial area physically closed off e.g. more than one floor of a building. | | | | | | | | | | | | | | | | | | | | | | Entire campus closed off. | | | | | | | | | | | | |
| Can generally be managed through existing day to day management processes. | | | | | | | | | | | | | | | | | | | Existing day to day management processes might not be able to manage the incident and consideration given to invoking Business Continuity Plans. | | | | | | | | | | | | | | | | | | | | | | Business Continuity Plans are highly likely to be invoked. | | | | | | | | | | | | |
| Unlikely to be any media coverage. | | | | | | | | | | | | | | | | | | | Local media coverage. | | | | | | | | | | | | | | | | | | | | | | National media coverage. | | | | | | | | | | | | |
| No requirement to inform external regulators. | | | | | | | | | | | | | | | | | | | Requirement to inform external regulators but not as a matter of urgency. | | | | | | | | | | | | | | | | | | | | | | Requirement to inform external regulators as a matter of urgency and within specified timescales | | | | | | | | | | | | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | Emergency services in attendance. | | | | | | | | | | | | | | | | | | | | | | Emergency services in attendance and remaining on site. | | | | | | | | | | | | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | |  |  | |  | Existing day to day management processes are unlikely to manage the incident without additional support, direction or resource. | | | | | | | | | | | | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | |  |  | |  |

**Example Department Risk Register - 2020**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Existing Controls** | **Control effectiveness** | **Level of Impact** | **L** | **S** | **R** | **Opportunities for Improvement and further actions required** | **Target date for completion** | **Risk Owner** |
| *Asbestos* | *All areas department occupies is regularly surveyed by estates services.*  *Any areas of asbestos clearly marked, and all persons who work in areas with asbestos receive training on the hazards of asbestos.* | *1* | *2* | *1* | *4* | *4* | *Departmental areas due for refurbishment. Discuss extent of asbestos presence with estates services and asbestos coordinator.* |  |  |
| *Control of Substances Hazardous to Health* |  | *2* | *1* | *2* | *2* | *4* |  |  |  |
| *Display Screen Equipment* |  | *1* | *1* | *2* | *3* | *6* |  |  |  |
| *Driving at Work* |  | *3* | *2* | *3* | *4* | *12* |  |  |  |
| *Homeworking* |  | *1* | *1* | *2* | *2* | *4* |  |  |  |
| *Induction and Training* |  | *1* | *1* | *1* | *2* | *2* |  |  |  |
| *Stress (work related)* |  | *2* | *2* | *2* | *2* | *4* |  |  |  |
| *Workplace Access* |  | *1* | *1* | *2* | *1* | *2* |  |  |  |

****

**Example Department Risk Profile – 2020**

**Occupational Health and Safety**

**RISK REGISTER FOR THE DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Existing Controls** | **Control effectiveness** | **Level of Impact** | **L** | **S** | **R** | **Opportunities for Improvement and further actions required** | **Target date for completion** | **Risk Owner** |
| **A** | | | | | | | | | |
| **Asbestos** |  |  |  |  |  |  |  |  |  |
| **B** | | | | | | | | | |
| **Biological activities** |  |  |  |  |  |  |  |  |  |
| **C** | | | | | | | | | |
| **Clinical Waste** |  |  |  |  |  |  |  |  |  |
| **Confined spaces** |  |  |  |  |  |  |  |  |  |
| **Contractors and Service Providers** |  |  |  |  |  |  |  |  |  |
| **Control of Substances Hazardous to Health** |  |  |  |  |  |  |  |  |  |
| **D** | | | | | | | | | |
| **Dangerous Substances and Explosive Atmospheres** |  |  |  |  |  |  |  |  |  |
| **Display Screen Equipment** |  |  |  |  |  |  |  |  |  |
| **Driving at Work** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| **E** | | | | | | | | | |
| **Electrical Safety** |  |  |  |  |  |  |  |  |  |
| **Events** |  |  |  |  |  |  |  |  |  |
| **F** | | | | | | | | | |
| **Fire Safety** |  |  |  |  |  |  |  |  |  |
| **First Aid** |  |  |  |  |  |  |  |  |  |
| **G** | | | | | | | | | |
| **Gas Safety** |  |  |  |  |  |  |  |  |  |
| **H** | | | | | | | | | |
| **Hazardous Waste** |  |  |  |  |  |  |  |  |  |
| **Homeworking** |  |  |  |  |  |  |  |  |  |
| **I** | | | | | | | | | |
| **Induction and Training** |  |  |  |  |  |  |  |  |  |
| **L** | | | | | | | | | |
| **Lead at Work** |  |  |  |  |  |  |  |  |  |
| **Legionella** |  |  |  |  |  |  |  |  |  |
| **Lone Working** |  |  |  |  |  |  |  |  |  |
| **M** | | | | | | | | | |
| **Manual Handling** |  |  |  |  |  |  |  |  |  |
| **N** | | | | | | | | | |
| **Noise at Work** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **R** | | | | | | | | | |
| **Radiation**  **Artificial Optical** |  |  |  |  |  |  |  |  |  |
| **Radiation**  **Electromagnetic Fields** |  |  |  |  |  |  |  |  |  |
| **Radiation**  **Ionising** |  |  |  |  |  |  |  |  |  |
| **S** | | | | | | | | | |
| **Slips, Trips and Falls** |  |  |  |  |  |  |  |  |  |
| **Stress (work related)** |  |  |  |  |  |  |  |  |  |
| **V** | | | | | | | | | |
| **Vibration (At work)** |  |  |  |  |  |  |  |  |  |
| **W** | | | | | | | | | |
| **Work at Height** |  |  |  |  |  |  |  |  |  |
| **Working Off-Campus (UK & Overseas)** |  |  |  |  |  |  |  |  |  |
| **Workplace Access** |  |  |  |  |  |  |  |  |  |
| **Work Equipment** |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Register compiled by** |  | **Title** |  | **Signature** |  | **Date of compilation** |  | **Date of completion** |  |
| **Register approved by:** |  | **Title** |  | **Signature** |  | **Date of approval** |  | **Date Register submitted to SHAW** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Review** | **Date of review** | **Review conducted by** | **Signature** | **Significant Changes** | **Review approved by** | **Title** | **Signature** | **Date of Approval** | **Date submitted to SHaW** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |