

**MANAGEMENT OF HEALTH & SAFETY AT WORK REGULATIONS
CORPORATE RISK ASSESSMENT**

Ref. No:

DEPARTMENT: Regeneration & Community GROUP/SECTION: Potteries Museum & Art Gallery ACTIVITY AND WORKPLACE:			NAME(S) OF ASSESSOR(S): DATE OF ASSESSMENT:			LINE MANAGER'S NAME: Clodagh Cherry SIGNATURE:	
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No.	Potential Hazards	Who is affected?	A x B		C	Control Measures to Eliminate / Minimise the Risk	Further Action Required?
			Hazard Rating	Like-lihood	(AxB) Risk		

(A)
HAZARD RATINGS

- | |
|---|
| 1. Minor injury
2. Major injury
3. Serious injury/death |
|---|

(B)
LIKELIHOOD

- | |
|---|
| 1. Unlikely
2. Occasional
3. Probable |
|---|

(C)
RISK PRIORITY

- | |
|---|
| 1-3 = Low
4-6 = Medium
7-9 = High |
|---|

**Note: If risk (C) is above 4,
REVIEW CONTROL MEASURES**

THE RESULTS OF THIS ASSESSMENT MUST BE AGREED WITH RELEVANT STAFF. THE RISK ASSESSMENT WILL NEED TO BE REVIEWED ANNUALLY UNLESS THERE IS A CHANGE IN EQUIPMENT, STAFF, PROCEDURES, OR FOLLOWING AN ACCIDENT AND MUST BE REVISED IF NECESSARY.

Review 1	Review 2	Review 3	Review 4	Review 5
Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial