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Date:		Name of student:		Assessed by:		Review date:
Activity details: Home visit at (enter address) Contact details: (enter mobile phone number) Expected arrival..... – departure				Department: Risk assessment approved by:		Risk assessment approved by:
Name of Staff making visit: Name of staff member to check in with pre and post visit				Staff contact numbers: Staff contact number: <i>Staff numbers should not be shared with students or members of public unless they are LCC issue phones.</i>		Car Reg used: Car insured for business use Y / N
1) Hazards What could cause harm?	2) People Who might be harmed?	3) Severity of Harm How badly could they be harmed? (Choose one only assuming a worst case scenario)	4) Likelihood of harm occurring with present controls	5) Risk Level Please refer to key indicator on last page	6) Controls What controls are currently in place?	7) Further action Are the present controls adequate? If not, what else needs to be done, by whom and by what date?
EXAMPLES Electricity Equipment/Machinery Harmful Chemicals Infectious Material Manual Handling Minibus/Car crash Poor Food Hygiene Slips, Trips, Falls Violence/ Abduction	EXAMPLES Children/ Young Persons New or Expectant Mothers Staff The Public Visitors Volunteers	EXAMPLES Death Major Injury or Illness (Fracture, dislocation, amputation, hospital treatment, asphyxiation, unconsciousness) Minor Injury or Illness (First-aid needed/time off work) Superficial Injury or discomfort (No first-aid treatment needed)	CHOOSE FROM Very Likely Likely Remote	CHOOSE FROM High Medium Low Insignificant	EXAMPLES Health and Safety Signs Information Instruction/Training Local Safety Rules Personal Protective Equipment Adequate Supervision Following Safety Team	EXAMPLES Following Safety Team Guidance Health and Safety Signs Increased Supervision More Information Additional Instruction/Training Updated Local Safety Rules Personal Protective Equipment Written Procedures
1.Potential exposure as a result of visits off-site including in a person's home.						
2.Vulnerable people in the home						

3.Harassment / unwanted attention from the community						

Other Comments/Information: Staff must ensure they have · Knowledge of school policies and procedures

Severity of harm	Superficial	Minor	Major	Death	RISK INDICATOR KEY This indicator is to help and guide your assessment of risk. You should use your discretion to adjust the result of using the guide where appropriate. It is important that the level of risk sets your priorities and timescale for action. For example, tackle high level risks first and obviously do so immediately.
Likelihood					
Very likely	Medium risk	Medium risk	Medium risk	Medium risk	
Likely	Low risk	Low risk	Low risk	Low risk	
Remote	Insignificant risk	Insignificant risk	Insignificant risk	Insignificant risk	

Issues arising/Resolutions for future reference:			Signed by