

Hazard / Risk Identification

SU Name: _____ Date: _____ Short Code: _____

Address: _____

	Chem	Elect	Light	Temp	Falls	Ergo	Agress	Infect	Back Inj	Shelves	Exits	Enviro	Other
Bedrooms													
Bathroom													
Toilet													
Lounge / Dining													
Entrances													
Laundry													
External													
Kitchen													
Other													

In boxes please write SW if hazard/risk will affect the Support Worker and SU if the hazard/risk will affect the Service User

Lavender Blue Nursing and Home Care Agency Limited

Comments Specific to Service User

Comments Specific to Support Worker

Hazard / Risk Analysis

Describe the potential hazard / risk

Are there factors which may affect the hazard / risk?

Initial Assessment

Risk Rating

If 3 or above forward to Team Leader if NO case manager to complete assessment

Hazard / Risk Management

How can Hazard / Risk be managed?

Eliminate

☐

Isolate

☐

Minimise

☐

Action Plan for Hazard / Risk Management

What is the likelihood of the Support Worker *(both permanent and temporary)* understanding the action needed to be taken to eliminate or reduce the hazard / risk?

Date to be reviewed _____ Next review _____

Outcome _____

Signature of person completing from: _____ Date: _____