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| RISK ASSESSMENT | Parents evening in hall | |  |
| **Assessment completed by:** | **Date Completed:** |  |
| **PRINT NAME: Sherryl Cousins: Sherryl Cousins** | **Next Review Date Due:** |  |

| Hazard / Risk | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* | |
| --- | --- | --- | --- | --- | --- |
| **In Place** | **Adequate** |
| Staff tiredness | Staff | Increase risk of accidents leading to personal injury | * Staff provided with a break before Parents evening. * Food provided to staff |  |  |
| Violence and aggression | Staff | Verbal abuse and physical injury | * Electronic system for parents to book a slot * No teacher on their own with Parents |  |  |
| Fire safety | Staff/ parents/  pupils | Personal injury | * Always a member of senior management on site to act at FCO * Fires exit kept clear. * School has a maintained fire alarm system that is tested weekly * Appropriate firefighting equipment in place and serviced annually and checked weekly by Site Agent |  |  |
| Security/safeguarding | Staff/ parents/  pupils | Physical and verbal threats against staff  Abduction. | * Areas of the school can be locked off (secured) office area. * A member of staff monitors entrance door at all times and ticks’ parents/carers on list. * Parents/visitors to only use staff toilets opposite staff room * Clear signage indicating toilets * Rooms checked before school is closed for the evening * Clear appointment times provided and monitored to prevent over running. * Certain appointments changed to stop overrun. * HT or Deputy remain on site to ensure teachers keep on time etc * Pupils are only permitted home with parent or guardian. |  |  |
| Setting up chairs/tables for events (manual handling) | Staff/pupils | Manual handling injuries | * Manual handling training * Chair trolley in place |  |  |

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| **Additional Control Measures**  *(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).* | **Action by Whom**  *(list the name of the person/people who have been designated to conduct actions)* | **Action by When**  *(set timescales for the completion of the actions – remember to prioritise them)* | **Action Completed**  *(record the actual date of completion for each action listed)* | **Residual Risk Rating** |
|  |  |  |  |  |
| **Reviewed by:**  **Signature:** | **COMMENTS:**  *Record any comments reviewer wishes to make. Including recommendations for future reviews.* | | | |
| **PRINT NAME:** |

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| **RESIDUAL RISK RATING** | **ACTION REQUIRED** |
| **VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring** | **The activity must not take place at all.**  You must identify further controls to reduce the risk rating. |
| **HIGH (H) Possibility of fatality/serious injury occurring** | You must identify further controls to reduce the risk rating.  Seek further advice, e.g. from your H&S Team, Consultant |
| **MEDIUM (M) Possibility of significant injury or over 7 day absence occurring** | If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely. |
| **LOW (L) Possibility of minor injury only** | No further action required. |