|  |  |  |
| --- | --- | --- |
| 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 staffAbduction. | * 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:** |

|  |  |
| --- | --- |
| **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. |