|  |  |  |
| --- | --- | --- |
| RISK ASSESSMENT | Opening and closing windows / adjusting blinds |  |
| **Assessment completed by:**  | **Date Completed:** |  |
| **PRINT NAME:**  | **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** |
| **Use of incorrect equipment (ledge, desk, chairs etc)**  | StaffVisitorsPupils  | Falls, falling objects | * Staff instructed not to use makeshift steps (chairs/ tables/ledges etc)
* Provide remote means of opening high windows i.e. long handled poles or mechanical openers.
* Pupils are not asked to open and close windows unless they are of an age and maturity (secondary school)
 |  |  |
| **Defective equipment**  | StaffVisitorsPupils  | Falls, falling objects | * All access equipment suitable for purpose, checked before use and maintained in good condition.
* Reporting procedure in place for identified defective items with prompt removal /remedial action.
 |  |  |
| **Falls from unprotected window** | StaffVisitorsPupils  | Falls, falling objects | * Fit window opening limiters to all windows above ground level
* Restrictors are checked part of site agent checklist
 |  |  |
| **Poorly maintained window falls from frame** | StaffVisitorsPupils  | Falls, falling objects | * Ensure windows are maintained in a safe condition
 |  |  |

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