



Name of Initial

## **Risk Assessment Form**

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Initial Assessor / Reviewer:	John McLean		Post Held:	MR Safety Expert
Department:	Imaging		Date (Initial Review):	2/4/2015
	nt: E.g.: hazard, task, equipment, location, peop			
Servicing of GA	equipment by 3 <sup>rd</sup> party contractor	'S		
Hazards (Describe the h	narmful agent(s) and the adverse consequences	they could cause)		
Personal injury to	contractors or other staff. Dama	age to equipm	ent also possible.	
Description of Risk				
magnet room is r	the 3 <sup>rd</sup> party contractors and to Not used under the conditions for nent or a tool brought into the ma	safe use. The	e greatest risk is the	e potential for
Eviation Presentions		Describe how th	ar minht fail ta marran	4 a di cana a
Existing Precautions		Describe how they might fail to prevent adverse outcomes.		
Servicing of equipment normally residing in the MRI room should be moved out into other adjoining areas where the presence of the magnetic field is not present above normal background levels.				
from the MRI roo be completed for	nt that cannot be removed m a full "Permit to Work" must the work. Appropriate safety ng MUST be used, along with			

Level of Risk - Is the control of this risk adequate?

alternative tools and adequate safety provision.

statement should be produced by the contractor before any work begins to ensure that the MRI

planning that has been undertaken is adequate.

If the level of work warrants it, a full work

Safety Advisor can consider whether the

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

#### **Risk Matrix**

Impact/Consequences				
Negligible	Minor	Moderate	Major	Extreme
Medium	High	High	V High	V High
Medium	Medium	High	High	V High
Low	Medium	Medium	High	High
Low	Medium	Medium	Medium	High
Low	Low	<u>Low</u>	Medium	Medium
	Medium  Medium  Low  Low	Medium High  Medium Medium  Low Medium  Low Medium	NegligibleMinorModerateMediumHighHighMediumMediumHighLowMediumMediumLowMediumMedium	NegligibleMinorModerateMajorMediumHighHighV HighMediumMediumHighHighLowMediumMediumHighLowMediumMediumMedium

Very High	High	Medium	Low
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### **Current risk level**

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

# Action Plan (if risk level is High (Orange) or Very High (Red)

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a copy	By Whom	Start date	Action due date

## Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	
Report to Estates for action	
Contact advisers/specialists	
Alert your staff to problem, new working practice, interim solutions, etc	

### Reply

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Date of last review:	As per QPulse record	Next review date:	As per QPulse record
Date of last review.	As per Qi dise record	MEXITORIEW date.	