

Hazard Identification & Risk Assessment

1 **Address**

2 **Hazard Reference**

3 **Assessment Completed By** **Date**

4 **Hazard Description - Briefly describe the hazard you have identified**

Being exposed to COVID-19 Coronavirus
Transmission of COVID-19 Coronavirus
Managing the risk of COVID-19 Coronavirus in the workplace

5 **Hazard Category - select the most appropriate category for the hazard you have identified**

Adverse weather <input type="checkbox"/>	Extreme temperature <input type="checkbox"/>	Lighting <input type="checkbox"/>	Use of mechanical lifting equipment <input type="checkbox"/>
Aerial <input type="checkbox"/>	Fall of object from height <input type="checkbox"/>	Manual handling <input type="checkbox"/>	Use of vehicles <input type="checkbox"/>
Collapse of structure <input type="checkbox"/>	Fall of person from height <input type="checkbox"/>	Noise <input type="checkbox"/>	Use of work equipment <input type="checkbox"/>
Compressed air <input type="checkbox"/>	Fire <input type="checkbox"/>	Pressure <input type="checkbox"/>	Ventilation <input type="checkbox"/>
Electricity <input type="checkbox"/>	Gas <input type="checkbox"/>	Radiation <input type="checkbox"/>	Vibration <input type="checkbox"/>
Equipment failure <input type="checkbox"/>	Hazardous substance <input type="checkbox"/>	Slip/ fall <input type="checkbox"/>	Water <input type="checkbox"/>
Excavation <input type="checkbox"/>	Housekeeping/ Cleaning <input type="checkbox"/>	Storage <input type="checkbox"/>	
Explosion <input type="checkbox"/>	Human Error <input type="checkbox"/>	Stored energy <input type="checkbox"/>	
Other: (specify) <input type="checkbox" value="x"/>			

Infectious Disease / Global Pandemic - COVID-19 Coronavirus

6 Persons at Risk - identify the people who are at risk from this hazard

All workers	<input checked="" type="checkbox"/>	Machine operators	<input type="checkbox"/>	Pregnant women	<input type="checkbox"/>	Inexperienced staff	<input type="checkbox"/>
Cleaners	<input type="checkbox"/>	Maintenance Staff	<input type="checkbox"/>	Staff with disabilities	<input type="checkbox"/>	Office staff	<input type="checkbox"/>
Contractors	<input checked="" type="checkbox"/>	Members of the public	<input checked="" type="checkbox"/>	Lone workers	<input type="checkbox"/>	Outdoor workers	<input type="checkbox"/>
Other: (specify)	<input type="checkbox"/>						

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7 Likelihood - How likely is the hazard to cause an incident?

Zero to very low	Rating 0	<input type="checkbox"/>
Very Unlikely	Rating 1	<input type="checkbox"/>
Unlikely	Rating 2	<input checked="" type="checkbox"/>
Likely	Rating 3	<input type="checkbox"/>
Very likely	Rating 4	<input type="checkbox"/>
Almost certain	Rating 5	<input type="checkbox"/>

8 Severity - what is the most likely outcome?

No injury or illness	Rating 0	<input type="checkbox"/>
First aid injury or illness	Rating 1	<input type="checkbox"/>
Minor injury or illness	Rating 2	<input type="checkbox"/>
"7 day" injury or illness	Rating 3	<input type="checkbox"/>
Major injury or illness	Rating 4	<input checked="" type="checkbox"/>
Fatality, disabling injury etc.	Rating 5	<input type="checkbox"/>

9 Risk Rating

(Risk rating = Likelihood x severity)

1 to 4	Low risk	<input type="checkbox"/>
5 to 9	Medium risk	<input checked="" type="checkbox"/>
10 to 25	High Risk	<input type="checkbox"/>

Risk assessment can be forwarded to clients for approval in the event that the risk is higher than medium.

10 Risk Control System - what controls are currently in place?

Minimise number of people in Studio and office at any one time.
Work station and sofas layout setup to maximise distance between individuals.
Perspex Shielding Screens
Fresh, clean microphone windshields for each session
Social distancing to be practised with signage to reinforce rules.
Provision of hand sanitiser in studio and office and on entering building.
PPE, masks and gloves to be provided if required.
Studio Cleaning checklist for before every recording session.
Signage on shared Toilet Doors
Working space and toilets to be cleaned before every recording session with visitors.
Hand towels to be used instead of Hand Driers.
Check In Scotland QR code for recording the name and contact details of everyone who enters the studio.

11 Additional Controls: yes

(If "Yes" then detail action to be taken)

Recording all names of guests - Check In Scotland QR code for Studio / office.
Encouraging guests to leave building promptly after recording session.
Encouraging guests to use remote recording facilities such as Zoom.
Removal of mugs and glassware. All guest encouraged to bring own drinking water and any refreshments.
Regular communication with Landlord and other businesses at 108 Biggar Road, Edinburgh, EH10 7DU
Additional Control Measures Approved Yes
Risk Rating:
Likelihood <input type="text" value="1"/> X = Risk Rating : <input type="text" value="4"/>
Severity <input type="text" value="4"/>
Target date for Implementation: <input type="text" value="17-Aug"/>
Signed <input type="text" value="Keith Easton"/>
<i>(Team Leader/ Line Manager responsible for Activity/ Process)</i>

12 Comments:

Signed:

Keith Easton

(Company Director responsible for Activity/ Process)

Assessment Review Date:

01/09/2021 and daily

Name:

Keith Easton