 **Appendix 2 Risk Assessment form**

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| **Placement Provider** | **Student of student group** | **Start & end dates** |
| Company:Location: |  |  |
| **1. General control Measures** |  | **Action Necessary?** | **Action completed?** |
| Has the placement provider confirmed receipt and acceptance of your written communication? | Yes/No |  |  |
| Has this placement provider been used before and been reviewed with regard to health & safety?If yes so any concerns remain unresolved? | Yes/NoYes/No |  |  |
| Does the placement provider have an H&S advisor? | Yes/No |  |  |
| Has the student received sufficient briefing? | Yes/No |  |  |
|  |  |  |  |
| **2. Risk assessment and further specific actions necessary** | Risk profile (high, medium or low) | **Action Necessary?** | **Action completed?** |
| Work factors |  |  |  |
| Travel & transportation factors |  |  |  |
| Location and/or regional factors |  |  |  |
| General/environmental health factors |  |  |  |
| Individual student factors |  |  |  |
| Insurance limitations |  |  |  |
|  |  |  |  |
| **3. Conclusions** |  | **Action Necessary?** | **Action completed?** |
| Is a site safety visit required before placement is approved? | Yes/No |  |  |
| Are the risks tolerable such that the placement can be approved? | Yes/No |  |  |

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