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| ***General Guidance****Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder*.*Instructions for Use: Please remove this section once you have completed the assessment as it is guidance for completing the assessment.* |

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| --- | --- |
| **Risk** | Stencil Cutting |

| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing (existing Control Measures)?** | **Do you need to do anything else to manage this risk (Additional Control Measures)?** | **Action by whom?** | **Action by when?** | **Done** |
| --- | --- | --- | --- | --- | --- | --- |
| Using sharp knives | Teachers, other staff children | Children supervised one to one if using cutting tools.Knives are stored in suitable containers and locked when not in use.Using a cutting mat.Knives are only used when children are seated. |  | ../../…. |  |  |
| Insufficient lighting/ glare. | Teachers, other staff, children | Classroom lighting is sufficient. |  |  | ../../…. |  |
| Damage to property and surface. | Teachers, other staff, children | Cutting mats used to protect work surfaces. |  |  | ../../…. |  |
| Intentional harm | Teachers, other staff, children | Knives counted in and out and suitable secure storage. |  |  | ../../…. |  |
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| Knife blade breakage. |  |  |  |  |  |  |

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| --- | --- | --- |
| Risk Assessor | Signature | Date |
| Responsible Manager | Signature | Date |

|  |  |  |
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| **Date Reviewed** | **Signature** | **Role** |
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**Action Plan for Risk Assessment**

Action Plan to be completed based on the findings of the risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

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| --- | --- | --- | --- | --- | --- | --- |
| No | Hazard not fully controlled | Performance Status | Action required | Person Responsible | Target Date | Date of Completion  |
| High |
| Medium |
| Low |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |

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| --- | --- | --- |
| Responsible Manager | Signature | Date |