

CONFIDENTIAL RISK ASSESSMENT v6 Feb 2011 Protect - Personal

Client Name:		Name of Assessor:		Date:		Review Date:	
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Identified Risk For Individual (Please state risks, use guidance below & ensure total score is multiplied)	Risk Score 1 =No/ Low risk 4 = High risk			Total Score S x L	Control Measure (How are you going to deal with this?)
	Severity (S) 1- 4	X	Likelihood (L)		
Are there any risks to the client? E.g. self harm, medication	X				
Are there risks to others? E.g. Violence or aggression	X				
Is the client vulnerable to abuse from others?	X				
Are there any risks from alcohol misuse?	X				
Are there any risks from substance misuse?	X				
Are there any risks from arson?	X				
Are there any risks from the client having a physical or sensory disability?	X				

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Identified Risk for Premises & Environment (Please state risks and use guidance) Address:.....	Risk Score 1 =No/ Low risk 4 = High risk		Total Score S x L	Control Measure (How are you going to deal with this?)
	Severity (S) 1- 4	X Likelihood (L) 1- 4		
Are there any risks in the client home?		X		
▪ Lighting e.g. adequate lighting		X		
▪ Electric e.g. overloaded sockets, loose live wires		X		
▪ Furniture e.g. in working order, not an obstruction		X		
▪ Heating e.g. adequate heating		X		
▪ Security e.g. alarms, adequate locks on doors		X		
▪ Flooring e.g. cables trailing, frayed carpet		X		
▪ Cleanliness of property e.g. hygiene, cluttered areas		X		
▪ Are there any lone working risks?		X		
▪ Is there any risks with the streets e.g. lighting, rural area		X		
▪ Are there any risks associated with the neighbourhood e.g. problem neighbours, crime		X		

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Identified Risk for Premises & Environment <small>(Please state risks and use guidance)</small>	Severity (S) 1- 4	X	Likelihood (L)1- 4	Total Score S x L	Control Measure <small>(How are you going to deal with this?)</small>
Is there a mobile phone signal?		X			
Are there any fire risks? e.g. Smoke alarms, client smoking		X			
Are there any risks from pets?		X			
Any risks from other people living at or visiting the household?		X			
Any risks in relation to children who may live/visit the property?		X			
Are there any risks identified that may affect you?		X			
Client Comments:		Staff Comments			
Client Signature:		Staff Signature			
Verified by Manager:	Date:	SP Comments:			
Verified by Supporting People:	Date				

Scoring Guidance

Factor	Scale	Description
Very Likely	4	75%+ chance of occurrence
Likely	3	40 %-74% chance of occurrence
Unlikely	2	10%- 39% chance of occurrence
No risk/remote	1	Less than 10% chance of occurrence

Severity Score	Impact
15-16	Very high risk
12-14	High risk
7-11	Medium risk
1-6	No/ Low risk