



## Risk Assessment

- **Assessment Title:** Risk Assessment
- **Location:** The Shower Room
- **Assessor's Name:** Natasha Dhall
- **Date of Assessment:** 10/08/2024
- **Review Date:** Annually
- **Persons at Risk:** Whole Setting



## Risk Assessment

Area	Identified Risk	High/Medium or Low	Measures in place	Actions Needed	Revised Risk H/M/L
Shower Room	Foot basin Trips	Low	No children are allowed in this room Room to be kept as tidy as possible		Low
	Doors	Low	Door is kept locked when not in use		Low
	Boiler	Low	Is inspected annually		Low
	Shelves	Low	Inspected regularly and not over stacked		Low



## Risk Assessment

**Signature of Assessor:** -----

**Date:** -----

**Signature of Manager:** -----

**Date:** -----

Training Requirements	
Communication Plan	

Ongoing Monitoring Plan	
Review Notes	

Date Updated 10/08/2024

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Reviewed on.....

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Reviewed on.....

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