

# YORK MUSEUMS TRUST RISK ASSESSMENT FORM

**RISK ASSESSMENT FORM TO BE COMPLETED IN FULL THEN SENT TO HEALTH & SAFETY FOR FINAL APPROVAL AND A RA NUMBER**

**RA NUMBER: CAS0007**

LOCATION FOR RISK ASSESSMENT	RISK ASSESSMENT TITLE	PERSON OR PERSONS COMPLETING THIS RISK ASSESSMENT	DATE	PAGES
York Castle Museum	KS2 Workshop – A Healthy Past?	Sarah Mortimer	25/08/16	1 of

LIST ACTIVITIES	LIST RISKS IDENTIFIED	PERSONS AT RISK	RISK LEVEL <b>L M H</b>	LIST EXISTING CONTROLS IN PLACE	LIST ANY ADDITIONAL CONTROLS REQUIRED	START DATE	FINISH DATE
Walking through galleries and using stairs	Trips, slips and falls	LF, pupils and visiting adults	<b>M</b>	Supervision First Aid Reminder to hold hand rails and walk Schools Risk Assessment			
Cooking using hob and oven	Burns and scalds	LF and pupils	<b>M</b>	Supervision First Aid Reminder of using equipment			
Using paper	Paper cuts	Pupils	<b>L</b>	Supervision First Aid			
Handling small artefacts	Cuts, Choking, personal injury	Pupils	<b>M</b>	Supervision First Aid Reminder of using equipment			

**RISK ASSESSMENT SIGN OFF BY H&S:**

*On behalf of H&S Advisor*

*Geoff Hutchinson*

*Signature*

*31.08.16*

*Date*