**DIAG Specific Environmental Risk Assessment**

**Appendix 11**

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| **Persons Name** | | **Date of Assessment** | |
| **Place of Assessment** | | **Review Assessment Date** | |
| **Assessment Team Details** | | | |
| **Names** | **Designation** | | **Signature** |
|  |  | |  |
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**This assessment should be done in conjunction with the DIAG Personal Handling Risk Assessment and Personal handling Plan.**

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| --- | --- | --- | --- |
| **Identify the areas where manual handling activities need to be assessed. Please give reasons why.** | | | |
|  | | | **For Example** |
| * Lounge * Bedroom * Kitchen * Bathroom * Toilet * Internal/external doorways * Thresholds * Floors * Furniture height/clearance * Power points * Lighting * Classrooms * Outdoor space including playgrounds |
| **Are there any other areas of concern** | | | **For example** |
|  | | | * Equipment not maintained * Lack of training * Poor communication * Unsafe practice * Inappropriate clothing * Handling plans unavailable |
| **Action Plan** | | | **For example** |
| **Action** | **Action by Date** | **Action by Person** | * Equipment checks * Training * Complete handling plans |
|  |  |  |