**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
 |
|  |  |  |