



Risk Assessment Form											
Division: Not applicable						Source of Risk: Incident of unauthorised entry.					
HG/CHO/NAS/Function: Corporate Function						Primary Impact Category Business/Service Disruption/Security					
Hospital Site/Service: Dr. Steevens' Hospital, Dublin 8, D08 W2A8						Risk Type: Operational					
Dept/Service Site: Facilities						Name of Risk Owner (BLOCKS): ADAM SMITH, MAINTENANCE MANAGER					
Date of Assessment: 27.01.2025						Signature of Risk Owner: <i>Adam Smith</i>					
Unique ID No: ABC 123						Risk Co-Ordinator: Jane Doe, Facilities Supervisor					
Objective being impacted: Infrastructure and Equipment [Enabler: Corporate Plan]						<sup>1</sup> Risk Assessor(s): N/A					
<sup>2</sup> HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES			ACTIONS [ADDITIONAL CONTROLS] REQUIRED			<sup>3</sup> ACTION OWNER		DUE DATE
There is a risk of unauthorised access due to poor access controls resulting in damage to the building, loss of property, or harm to staff.			<u>Preventative</u> 1. Security barrier at the main gate. 2. Security personnel in place 24/7. 3. Reception desk manned during office hours. 4. Main door closed after office hours.			<ul style="list-style-type: none"> <li>Establish weekly security alarm testing.</li> <li>Establish check in and check out controls.</li> <li>Swipe access to be established to gain entry to the building including access to lifts, rooms or offices.</li> </ul>			Adam Smith, Maintenance Manager		01.06.2025
			<u>Detective</u> 5. Security camera and monitored alarm in place.						Adam Smith, Maintenance Manager		01.09.2025
									Adam Smith, Maintenance Manager		31.12.2025
<sup>4</sup> Inherent Risk			<sup>5</sup> Residual Risk			<sup>6</sup> Target Risk			Risk Status		
Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Open	Monitor	Closed
4 [Likely]	2 [Minor]	8 [Medium]	3 [Possible]	2 [Minor]	6 [Medium]	2 [Unlikely]	2 [Minor]	4 [Low]	Open		

<sup>1</sup> Risk Assessor required for OSH risks only.

<sup>2</sup> Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only.

<sup>3</sup> Person responsible for the action.

<sup>4</sup> Rating **before** consideration of existing controls.

<sup>5</sup> Rating **after** consideration of existing controls.

<sup>6</sup> Desired rating **after** actions.