



## Risk Assessment Form

<b>Division:</b> Not applicable	<b>Source of Risk:</b> Incident of unauthorised entry.
<b>HG/CHO/NAS/Function:</b> Corporate Function	<b>Primary Impact Category:</b> Environmental/ Infrastructure/ Equipment
<b>Hospital Site/Service:</b> Dr. Steevens' Hospital, Dublin 8, D08 W2A8	<b>Risk Type:</b> Operational
<b>Dept/Service Site:</b> Facilities	<b>Name of Risk Owner (BLOCKS):</b> ADAM SMITH, MAINTENANCE MANAGER
<b>Date of Assessment:</b> 12.12.2022	<b>Signature of Risk Owner:</b> <i>Adam Smith</i>
<b>Unique ID No:</b> ABC 123	<b>Risk Co-Ordinator:</b> Jane Doe, Facilities Supervisor
<b>Objective being impacted:</b> Infrastructure and Equipment [Enabler: Corporate Plan]	<b><sup>1</sup>Risk Assessor(s):</b> 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>			<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		01.06.2023
			<ol style="list-style-type: none"> <li>Security barrier at the main gate.</li> <li>Security personnel in place 24/7.</li> <li>Reception desk manned during office hours.</li> <li>Main door closed after office hours.</li> </ol>						Adam Smith, Maintenance Manager		01.09.2023
			<u>Detective</u>						Adam Smith, Maintenance Manager		31.12.2023
			<ol style="list-style-type: none"> <li>Security camera and monitored alarm in place.</li> </ol>								
<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.