Risk Assessment -Young Persons

Part A

Young Person Name	Date of Birth and Age	Job Title	Expected Working Hours
Works Address	**Brief Description of Duties**	**Direct Supervisors Name**	**Direct Supervisors Position**

Category of Yong Person *please tick*									
Employee under 18 years of Age.	☐	Trainee under 18 years of age	☐	Apprentice under years of age18	☐	School pupils on work placement.	☐	Young people under 18 involved in youth projects.	☐

Young Persons Back Ground	Yes	No
Has the young person been given detailed information and seen the work activity risk assessments that are associated with the type of work and situations they will be involved in, including the hazards associated with those activities?	☐	☐
Is the young person physically able and mature enough to understand the potential risks and what will be asked of them in relation to the work/situations they will encounter as part of the placement?	☐	☐
If no, give reason(s) and additional controls required:		

Part B
Initial Assessment of Risk

Serial	Potential Risk	Yes	No	Control Measures	Arrangements agreed
1.	Has the young person been informed of the local fire evacuation procedures?	☐	☐		
2.	Is the young person likely to be lifting or carrying beyond their capability?	☐	☐		
3.	Are they likely to be exposed or come into contact with chemicals that are harmful to health?	☐	☐		
4.	If yes, has a COSHH risk assessment been carried out and viewed by the young person?	☐	☐		

Serial	Potential Risk	Yes	No	Control Measures	Arrangements agreed
5.	Is the pace of work determined by machinery & which involves payment by results?	☐	☐		
6.	Do young persons come into contact with equipment where their hands and arms may be subject to vibration (even a lawn mower may fit into this category)	☐	☐		
7.	Are they exposed to shocks or whole body vibration?	☐	☐		
8.	Are young persons likely to work in noisy areas or use noisy machinery?	☐	☐		
9.	Are there work activities which carry a high level of risk due to there inherent hazards, such as work with traffic or near water?	☐	☐		
10.	Are young persons likely to be exposed to fierce animals?	☐	☐		
11.	Are there situations which could put the person in danger of abuse or physical threats?	☐	☐		
12.	Are young persons likely to come into contact with blood, and/or bodily fluids?	☐	☐		
13.	Is the young person likely to come into contact with highly stressful situations?	☐	☐		
14.	Are there situations involving extreme heat or cold?	☐	☐		
15.	Are there work activities which involve, working at height or confined spaces? i.e., working in vats, tanks, reservoirs.	☐	☐		
16.	Are young persons likely to come into contact with flammable liquids, gases and gas cylinders?	☐	☐		
17.	Are young persons likely to work with electrical equipment or electricity?	☐	☐		
18.	Are they likely to be exposed to ionising/ or non-ionising radiation?	☐	☐		
19.	Are young persons likely to come into contact with explosives or pyrotechnics? (Have to be Aged 21 +, or supervised)	☐	☐		

Serial	Potential Risk	Yes	No	Control Measures	Arrangements agreed
20.	Are there any other hazards to which they may be exposed to? If yes, give details.	☐	☐		
21.	Has the young person been provided appropriate personal protective equipment for the hazards identified?	☐	☐		
22.	Where hazards identified, has the young person been given appropriate information and training?	☐	☐		

Notes:

- It is important that the person being assessed for work experience is made aware of the above risks and how they are to be controlled. The person should not be pressurised to go into a situation they do not feel comfortable with.
- The line manager will keep the situation under review and amend the arrangements as necessary.

Sign-off					
Assessor Name		Signature		Date	
Line Manager Name		Signature		Date	
Declaration of Young Person					
I am aware of the hazards associated with the work activities I am to be involved in and will comply with the controls identified within this assessment and report any concerns I have to my appointed manager.					
Young Person Name		Signature		Date	

Managers Risk Assessment and Review Record For Young Persons

Assessment No.	Date of Review	Reason for Review	Significant Changes	Signature
				Manager: **Employee:**
				Manager: **Employee:**
				Manager:

				Employee:
				Manager: **Employee:**
				Manager: **Employee:**
				Manager: **Employee:**
				Manager: **Employee:**
				Manager: **Employee:**
				Manager: **Employee:**
				Manager: **Employee:**