**WI Name/Federation:** *NFWI WI* /NFWI federation **Date of assessment:** *2023*

**Venue or event/activity:** *Head Office cooking competition* **Assessment carried out by:** *Membership Support Officer*

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|  | | **Assessment of Risk** | | | |
| **Activity**  **or**  **Feature causing risk** | **Description of**  **Hazard** | **Likelihood of**  **it Happening**  1-3  1. Unlikely  2. Fairly likely  3. Likely | **Consequences if**  **it Happened**  1-3  1. Low – need first aid  2. Medium – need medical assistance  (broken bones, stitches etc)  3. High – Death, paralysis etc | **Risk Level**  Likelihood x  Consequences  = risk level | **Actions Required**  Actions undertaken to reduce the risk and who undertook the actions. (insert initials) |
| *Using the oven or hob* | *Staff members could burn themselves on the oven or hob.* | *2* | *1* | *2 x 1 = 2* | *Check all electrical appliances have up to date safety sticker (FP)* |
| *Preparing ingredients and food.* | *Staff members could cut themselves when using sharp knives.* | *2* | *1* | *2 x 1 = 2* | *Check all knifes, and cooking utensils are in working order (FP)* |
| *Food allergies* | *Staff could be allergic to certain ingredients/food.* | *2* | *2* | *2 x 2 = 2* | *Write down all food allergies and relevant details and keep for the event. (FP)* |

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|  | | **Risk Remaining after action has been taken to reduce it** | | |
| **Measures in place to control risk** | **Further action needed to reduce risk** | **Probable Likelihood**  1-3 | **Potential Consequence**  1-3 | **New Risk Level**  Probable Likelihood x Consequence = New Risk level |
| *Staff to wear oven gloves when placing food in or out of the oven.* | *None* | *1* | *1* | *1 x 1 = 1* |
| *Staff will cut food on appropriate surface.* | *None* | *1* | *1* | *1 x 1 = 1* |
| *Staff email will be sent prior to the event for staff to inform them of any food allergies. Cooked dishes will have allergy cards on display.* | *None* | *1* | *1* | *1 x 1 = 1* |

**Monitoring Required:**

*Activity/risk 1 continued: Throughout event*

*Activity/risk 2 continued: Throughout event*

*Activity/risk 3 continued: Before and throughout event*

**Date of next review: Signed: Date:**