

S  
A  
M  
P  
L

Office Equipment

Assessor	Job Title
<<AN Other>>	<<Office

Equipment assessed/location: Server/Server room

Persons at risk	Details	
Staff	<<All office staff>>	<<O
Contractors		

H <sub>z</sub> No.	Hazard description	How are persons affected?
1	<<E.g. Fire – electrical fire>>	<<e.g. Fire and fumes will ca respiratory injury and the resu smoke will cause disorientation>>
2	<<E.g. Slips - Trailing cables and leads>>	<<e.g. Users can trip on tra cables and cause injury themselves and to the servers>>
3		
4		
5		

Probability (P)	5=very likely, 4=likely, 3=quite possible, 2=possible, 1=unlikely
Severity (S)	5=fatal, 4=severe, 3=moderate, 2=slight, 1=negligible
Risk (R)	0-8=low risk, no action required. 9-15=medium risk, adequate

RA Ref No: Off1

Assessment Date	Review Dates / Initials
<< XXX >>	

Any disabled?	Comments
No	<<e.g. One staff member uses a wheelchair>>

Existing controls	Further controls / action
<e.g. Newly installed system. Only authorised personnel permitted in server room>>	<<e.g. Monitor>>
<e.g. Newly installed system. All cables in trays. Only authorised personnel permitted in server room>>	<< e.g. Monitor>>

h risk, stop operation & implement control measures