

Young Person Risk Assessment

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Young Person Details

1 Name of young person *

2 Date of birth *

3 Age at time of assessment *

4 Job title or role

5 Department or team

6 Start date

7 Is the young person still in compulsory education?

Yes

No

N/A

Work Activities

8 Description of work activities

9 Work location

10 Working hours per day

11 Working days per week

12 Will the young person work outside normal daytime hours?

Yes

No

N/A

13 If yes, provide details of working times

Hazard Identification

14 Manual handling tasks

Yes

No

N/A

15 Work at height

Yes

No

N/A

16 Use of machinery or equipment

Yes

No

N/A

17 Exposure to hazardous substances

Yes

No

N/A

18 Exposure to noise or vibration

Yes

No

N/A

19 Work with electricity

Yes

No

N/A

20 Lone working

Yes

No

N/A

21 Contact with members of the public

Yes

No

N/A

22 Work involving vehicles or transport

Yes

No

N/A

23 Exposure to extreme temperatures

Yes

No

N/A

24 Other hazards identified

Risk Factors

25 Level of physical maturity

Fully developed

Still developing

Unknown

26 Level of psychological maturity

Fully developed

Still developing

Unknown

27 Relevant experience for this role

None

Limited

Some

Experienced

28 Any known medical conditions or disabilities

Yes

No

N/A

29 If yes, provide details

30 Any specific vulnerabilities identified

Control Measures

31 Induction training provided

Yes

No

N/A

32 Date of induction

33 Task specific training provided

Yes

No

N/A

34 Details of training provided

35 Name of designated supervisor

36 Level of supervision

Constant

Regular check-ins

Periodic

As needed

37 Restricted activities

38 Personal protective equipment required

39 Emergency procedures explained

Yes

No

N/A

40 Additional control measures

Parental or Guardian Consent

41 Is parental or guardian consent required?

Yes

No

N/A

42 Parent or guardian name

43 Parent or guardian contact number

44 Consent received

Yes

No

N/A

45 Date consent received

Assessment Outcome

46 Overall risk rating

Low

Medium

High

47 Is it safe for the young person to undertake this work with controls in place?

Yes

No

N/A

48 Further actions required

49 Review date

Sign-off

50 Assessment completed by *

51 Job title

52 Date of assessment *

53 Assessor signature *

Signature

54 Manager or supervisor name

55 Manager signature

Signature

56 Young person confirmation - I understand the hazards and control measures explained to me

Yes

No

N/A

57 Young person signature

Signature