Identification of Fire and Explosion Hazards:



DSEAR Assessment Template

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| **DSEAR RISK CALCULATOR** | | | | | | | | | | | | |
| ZONE OF RISK | |  | SOURCE OF IGNITION | |  | OCCUPANCY | |  | EXTENT OF CONSEQUENCE | |  | RISK RATING |
| UNLIKELY TO BECOME HAZARDOUS | 1 | X | NO IGNITION | 1 | X | RARELY OCCUPIED OR NO OCCUPANCY | 1 | X | NO SIGNIFICANT INJURY OR DAMAGE TO PROPERTY | 1 | = | 1-15  BROADLY ACCEPTABLE |
| ZONE 2 OR 22 | 2 | RARE MALFUNCTION | 2 | SEVERAL MONTHS A YEAR | 2 | MINOR INJURY/ MINOR DAMAGE TO PROPERTY | 2 |
| ZONE 1 OR 21 | 3 | EXPECTED MALFUNCTION | 3 | SEVERAL HOURS A WEEK | 3 | MAJOR INJURY/ MODERATE PROPERTY DAMAGE | 3 | 16-36 TOLERABLE (SEE BELOW) |
| ZONE 0 OR 20 | 4 | UNDER NORMAL OPERATION | 4 | SEVERAL HOURS /DAY | 4 | SINGLE/MULTIPLE FATALITY EXTENSIVE PROPERTY DAMAGE | 4 | 37-256 NOT TOLERABLE |

Definitions – Level of Risk

High (37-256) Level of risk is not tolerable

Medium (16-36) Level of risk is only tolerable if all reasonably practicable control measures have been taken to reduce the risk and regular monitoring is undertaken to ensure the control measure(s) remain active

Low (0-15) Level of risk associated with the activity is broadly acceptable

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| **DSEAR RISK ASSESSMENT Part 1: Assessment with existing control measures** | | | | |
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| Faculty: ………………………………………………………  Department: ……………………………………………… | Location: …………………………………….. | Activity (or area) being assessed:  ………………………………………………… |  | Assessment Ref No: ………………..  Date of Assessment: ……………….  Assessor: ………………………………..  Signature: ……………………………… |
| People affected: ………………………………………… | No. Employees: ………………………………………………….  Frequency/duration: …………………………………………. | Others: …………………………………………………………  Frequency/duration: …………………………………… |

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| Periodic Reviews-maximum intervals for activities:  Medium Risk (but ALARP)…………………………(at least annually)  Low Risk………………………………………(at least 3 yearly) | 1st Review  Date: ……………………………..  Name: …………………………..  Signed: ………………………… | 2nd Review  Date: ……………………………  Name: …………………………  Signed: ………………………. | 3rd Review  Date: ……………………….  Name: ……………………..  Signed: …………………….. | 4th Review  Date: …………………………  Name: ………………………  Signed: …………………….. |

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| Potential for harm/Hazardous event (what happens) | Foreseeable cause (cause of hazardous event) | Existing control measures used | Probability | | | Extent of Consequence (outcome) | | Risk rating (1-256) |
| Zone of risk (1-4) | Sources of ignition (1-4) | Occupancy (1-4) | Details of Harm | (1-4) |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |

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| **RISK ASSESSMENT Part 2: Assessment of Risk Reduction Actions** | | | | | | | | | | | |
|  | Proposed actions (risk reduction measures) | Expected risk after completion of actions | | | | | Planned action completion date | Actual completion date | I confirm that the proposed actions have been completed and the expected risk reduction has been achieved | | |
| Probability | | | Extent of consequences (1-4) | Risk rating (1-256) |
| Name | Signature | Date |
| Zone of Risk (1-4) | Source of ignition (1-4) | Occupancy (1-4) |
| Re-assess risks to show how proposed actions will be effective in reducing the risk. Also consider whether any new hazards will be introduced | 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |