**Risk Assessment Form – Preventing Sexual Harassment**

Checklist completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Area** | **Does it apply to the workplace?** | **Any history of incidents?** | **Level of Risk identified (L/M/H)** | **Measures currently in place** | **Further action needed** | **Review date** | **Outcome of review** |
| Working at night |  |  |  |  |  |  |  |
| Working alone |  |  |  |  |  |  |  |
| Adequate lighting and space in work areas |  |  |  |  |  |  |  |
| Interaction with third parties (eg: customers, suppliers, contractors, patients) |  |  |  |  |  |  |  |
| Working alone with third parties |  |  |  |  |  |  |  |
| Workplace language (eg use of banter, swearing) |  |  |  |  |  |  |  |
| Consuming alcohol with colleagues outside of work |  |  |  |  |  |  |  |
| Socialising with third parties (customers, suppliers etc.) |  |  |  |  |  |  |  |
| Socialising outside of work |  |  |  |  |  |  |  |
| Use of social media to communicate at work |  |  |  |  |  |  |  |
| Use of social media to communicate outside of work |  |  |  |  |  |  |  |
| Diversity in workforce |  |  |  |  |  |  |  |
| Diversity in management |  |  |  |  |  |  |  |
| Hierarchical management structure |  |  |  |  |  |  |  |
| Management behaviour – appropriate use of authority |  |  |  |  |  |  |  |
| Management behaviour – training on sexual harassment |  |  |  |  |  |  |  |
| Awareness of reporting processes for complaints |  |  |  |  |  |  |  |
| Staff awareness of what sexual harassment is |  |  |  |  |  |  |  |
| Appropriate policy? |  |  |  |  |  |  |  |
| Training / discussion updated? |  |  |  |  |  |  |  |
| Number of complaints received in last 3 years – split between open and anonymous |  |  |  |  |  |  |  |
| Underreporting? |  |  |  |  |  |  |  |
| [insert your own workplace – specific risk areas here in addition] |  |  |  |  |  |  |  |
| [insert your own outside workplace - specific risk areas here in addition] |  |  |  |  |  |  |  |

If you’d like help completing this form, just contact The Academy of Physical Medicine (01933 328150/hello@apmcpd.co.uk). We’ll be delighted to walk you through it, making sure you understand how to fulfil your legal obligations with minimal fuss.