

INFORMATION TECHNOLOGY INDUSTRY RISK ASSESSMENT

Document Information

Field	Details
Organization Name	_____
Facility Type	<input type="checkbox"/> Office <input type="checkbox"/> Data Center <input type="checkbox"/> Call Center <input type="checkbox"/> Development Center <input type="checkbox"/> Other: _____
Assessment Date	_____
Assessor Name	_____
Assessor Position	_____
Department/Team	_____
Review Date	_____
Document Reference No.	RA-IT-_____

1. Introduction

This Risk Assessment document is designed to identify, evaluate, and control hazards associated with information technology work environments. The IT industry presents unique risks including ergonomic injuries from prolonged computer use, electrical hazards, psychosocial stressors, and data center-specific hazards. This assessment aims to ensure the health, safety, and well-being of all IT professionals by systematically identifying potential hazards and implementing appropriate control

measures in accordance with occupational health and safety regulations and industry best practices.

2. Scope of Assessment

This risk assessment covers the following IT activities and areas:

- ☐ Office workstations and desk areas
- ☐ Server rooms and data centers
- ☐ Network infrastructure areas
- ☐ Hardware maintenance and repair
- ☐ Cable installation and management
- ☐ Remote/home working arrangements
- ☐ Call center operations
- ☐ Software development areas
- ☐ Meeting and collaboration spaces
- ☐ Break rooms and common areas
- ☐ Storage and equipment rooms
- ☐ Other: _____

Facility Address: _____

Number of Employees: _____

Operating Hours: _____

3. Risk Identification

Risk ID	Risk Description	Risk Category	Affected Area/Personnel
IT-001			
IT-002			
IT-003			
IT-004			
IT-005			
IT-006			
IT-007			
IT-008			
IT-009			
IT-010			

4. Risk Analysis Matrix

Risk Scoring Criteria

Likelihood Scale:

Score	Likelihood	Description
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur but not expected
3	Possible	Might occur at some time
4	Likely	Will probably occur in most circumstances
5	Almost Certain	Expected to occur in most circumstances

Impact Scale:

Score	Impact	Description
1	Negligible	Minor discomfort, no treatment required
2	Minor	First aid treatment, minor work disruption
3	Moderate	Medical treatment, temporary disability
4	Major	Serious injury, long-term disability
5	Catastrophic	Fatality or permanent disability

Risk Analysis Table

Risk ID	Likelihood (1-5)	Impact (1-5)	Risk Score (L×I)	Risk Level
IT-001				
IT-002				
IT-003				
IT-004				
IT-005				
IT-006				
IT-007				
IT-008				
IT-009				
IT-010				

Risk Level Classification:

- **Low (1-4):** Acceptable risk, monitor and review
- **Medium (5-9):** Action required within reasonable timeframe
- **High (10-16):** Immediate action required

- **Critical (17-25):** Work must cease until risk is reduced

5. Risk Control Measures

Risk ID	Current Controls	Additional Controls Required	Responsible Person	Target Date	Status
IT-001					<input type="checkbox"/>
IT-002					<input type="checkbox"/>
IT-003					<input type="checkbox"/>
IT-004					<input type="checkbox"/>
IT-005					<input type="checkbox"/>
IT-006					<input type="checkbox"/>
IT-007					<input type="checkbox"/>
IT-008					<input type="checkbox"/>
IT-009					<input type="checkbox"/>
IT-010					<input type="checkbox"/>

6. IT Industry-Specific Hazards

The following hazards are commonly encountered in IT work environments:

6.1 Ergonomic Hazards

- Prolonged sitting and sedentary work
- Poor workstation setup (monitor height, keyboard position)
- Repetitive strain injuries (RSI) from typing/mouse use
- Eye strain from screen use

- Neck and back pain from poor posture

6.2 Electrical Hazards

- Overloaded power outlets and extension cords
- Damaged cables and connectors
- Improper grounding of equipment
- High-voltage equipment in data centers
- UPS and battery systems

6.3 Data Center Hazards

- Raised floor trip hazards
- Heavy equipment lifting and movement
- Noise from cooling systems
- Extreme temperatures (hot aisles/cold aisles)
- Fire suppression system activation

6.4 Psychosocial Hazards

- Work-related stress and burnout
- Tight deadlines and high workload
- On-call and after-hours work
- Sedentary lifestyle impacts
- Social isolation (remote work)

6.5 Physical Environment Hazards

- Poor lighting conditions
- Inadequate ventilation
- Tripping hazards (cables, equipment)
- Cluttered workspaces
- Noise pollution

6.6 Manual Handling Hazards

- Lifting heavy equipment (servers, monitors)
- Moving computer equipment
- Awkward positions during installation
- Repetitive lifting tasks

6.7 Remote Work Hazards

- Inadequate home office setup
- Isolation and mental health impacts
- Blurred work-life boundaries
- Lack of ergonomic equipment
- Domestic distractions and hazards

6.8 Travel-Related Hazards

- Client site visits
 - International travel
 - Driving for work purposes
 - Carrying heavy equipment
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7. Workstation Ergonomic Assessment

7.1 Individual Workstation Checklist

Ergonomic Factor	Compliant	Action Required
Monitor at arm's length distance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Top of screen at or below eye level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Keyboard at elbow height	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wrists in neutral position	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Feet flat on floor or footrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chair provides lumbar support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate desk space	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Document holder available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate lighting (no glare)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular breaks taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7.2 Display Screen Equipment (DSE) Assessment

Assessment Item	Rating (1-5)	Comments
Screen quality and clarity		
Screen position and angle		
Keyboard usability		
Mouse/pointing device		
Chair adjustability		
Desk height and space		
Lighting conditions		
Environmental factors		

8. Data Center Safety Requirements

8.1 Data Center Access Controls

Control Measure	Implemented	Details
Access card/biometric entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visitor sign-in procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Escort requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CCTV monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency exit procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8.2 Environmental Controls

System	Status	Last Inspection
HVAC/Cooling	<input type="checkbox"/> Operational	
Fire detection	<input type="checkbox"/> Operational	
Fire suppression	<input type="checkbox"/> Operational	
UPS systems	<input type="checkbox"/> Operational	
Generator backup	<input type="checkbox"/> Operational	
Leak detection	<input type="checkbox"/> Operational	

9. Emergency Response Procedures

9.1 Emergency Contacts

Role	Name	Contact Number
Facility Manager		
IT Manager		
Building Security		
First Aid Officer		
Emergency Services		911 / 000 / 999
Fire Department		

9.2 Emergency Procedures

Electrical Emergency:

1. Do not touch person in contact with electricity
2. Disconnect power source if safe

3. Call emergency services
4. Administer first aid if trained
5. Report incident to management

Fire Emergency:

1. Activate fire alarm
2. Evacuate via nearest safe exit
3. Do not use elevators
4. Call emergency services
5. Meet at designated assembly point
6. Do not re-enter until cleared

Data Center Emergency:

1. Follow data center emergency procedures
2. Be aware of fire suppression system activation
3. Evacuate if gas suppression activates
4. Do not re-enter until atmosphere tested
5. Report to data center manager

Medical Emergency:

1. Call for first aid assistance
2. Call emergency services if serious
3. Do not move injured person unless in danger
4. Provide first aid if trained
5. Complete incident report

Ergonomic Injury/Discomfort:

1. Stop activity causing discomfort
2. Report to supervisor
3. Request workstation assessment
4. Seek medical advice if symptoms persist

5. Implement recommended adjustments

Assembly Point: _____

10. Personal Protective Equipment (PPE)
Requirements

PPE Item	Required	Specification
Safety Footwear (Data Center)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Anti-static Wrist Strap	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Hearing Protection (Data Center)	<input type="checkbox"/> Yes <input type="checkbox"/> No	NRR: _____
Safety Glasses (Hardware Work)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Gloves (Hardware Handling)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
High-Visibility Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

11. Remote Work Risk Assessment

11.1 Home Office Assessment

Factor	Adequate	Action Required
Dedicated workspace	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appropriate desk and chair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proper ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Internet connectivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire safety (smoke detector)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First aid kit available	<input type="checkbox"/> Yes <input type="checkbox"/> No	

11.2 Mental Health and Wellbeing

Support Measure	Available	Details
Employee Assistance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular check-ins with manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Virtual team meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Flexible working arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental health resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	

12. Sign-Off and Approval

Assessor Declaration

I confirm that this risk assessment has been conducted in accordance with applicable health and safety regulations and represents an accurate evaluation of the identified hazards.

Assessor Name:	_____
Signature:	_____
Date:	_____

Reviewer Declaration

I have reviewed this risk assessment and confirm that the control measures identified are appropriate and adequate.

Reviewer Name:	_____
Position:	_____
Signature:	_____
Date:	_____

Management Approval

I approve this risk assessment and authorize the implementation of the identified control measures.

Manager Name:	_____
Position:	_____
Signature:	_____
Date:	_____

13. Review Schedule

Review Type	Frequency	Next Review Date
Workstation Assessment	Annually	
Comprehensive Review	Annually	
Post-Incident Review	As required	
New Employee Assessment	On joining	
Remote Work Assessment	Annually	

Triggers for Immediate Review:

- Any workplace incident or near-miss
 - Employee reports of discomfort or injury
 - Changes in work arrangements
 - New equipment or software deployment
 - Office relocation or renovation
 - Changes in regulations or guidelines
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Document Control

Version	Date	Author	Changes Made
1.0			Initial version

This document is a template and should be customized to meet specific organizational requirements and local regulatory requirements.