

RETAIL INDUSTRY RISK ASSESSMENT

Document Information

Field	Details
Business Name	_____
Store Type	<input type="checkbox"/> Department Store <input type="checkbox"/> Supermarket <input type="checkbox"/> Specialty Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Other: _____
Assessment Date	_____
Assessor Name	_____
Assessor Position	_____
Department/Area	_____
Review Date	_____
Document Reference No.	RA-RETAIL-_____

1. Introduction

This Risk Assessment document is designed to identify, evaluate, and control hazards associated with retail operations. The retail industry presents diverse risks including manual handling injuries, slips and falls, workplace violence, ergonomic hazards from repetitive tasks, and customer-related incidents. This assessment aims to ensure the health and safety of all employees, customers, and visitors by systematically identifying potential hazards and implementing appropriate control measures in accordance with occupational health and safety regulations.

2. Scope of Assessment

This risk assessment covers the following retail activities and areas:

- ☐ Sales floor and customer areas
- ☐ Checkout and point of sale
- ☐ Stockroom and storage areas
- ☐ Receiving and loading dock
- ☐ Customer service desk
- ☐ Fitting rooms
- ☐ Food service areas (if applicable)
- ☐ Parking lot and external areas
- ☐ Staff break rooms
- ☐ Office and administrative areas
- ☐ Escalators and elevators
- ☐ Other: _____

Store Address: _____

Number of Employees: _____

Store Size (sq ft/m²): _____

Operating Hours: _____

3. Risk Identification

Risk ID	Risk Description	Risk Category	Affected Area/Personnel
RET-001			
RET-002			
RET-003			
RET-004			
RET-005			
RET-006			
RET-007			
RET-008			
RET-009			
RET-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 injury, no treatment required
2	Minor	First aid treatment required
3	Moderate	Medical treatment, short-term absence
4	Major	Serious injury, long-term absence
5	Catastrophic	Fatality or permanent disability

Risk Analysis Table

Risk ID	Likelihood (1-5)	Impact (1-5)	Risk Score (L×I)	Risk Level
RET-001				
RET-002				
RET-003				
RET-004				
RET-005				
RET-006				
RET-007				
RET-008				
RET-009				
RET-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):** Operations must cease until risk is reduced

5. Risk Control Measures

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

6. Retail Industry-Specific Hazards

The following hazards are commonly encountered in retail operations:

6.1 Slips, Trips, and Falls

- Wet floors from cleaning or spills
- Cluttered aisles and walkways
- Uneven flooring surfaces
- Loose mats and rugs
- Poor lighting conditions
- Stairs and level changes

6.2 Manual Handling Hazards

- Lifting heavy merchandise
- Stocking shelves at height
- Moving stock trolleys and cages
- Unpacking deliveries
- Repetitive lifting tasks

6.3 Workplace Violence

- Customer aggression and abuse
- Robbery and theft incidents
- Shoplifter confrontations
- Late-night operations
- Cash handling risks

6.4 Ergonomic Hazards

- Prolonged standing
- Repetitive scanning motions
- Reaching and bending
- Awkward postures
- Checkout workstation design

6.5 Equipment Hazards

- Box cutters and utility knives
- Pallet jacks and hand trucks
- Ladders and step stools
- Compactors and balers
- Forklifts (warehouse stores)

6.6 Electrical Hazards

- Overloaded power outlets
- Damaged cords and equipment
- Display lighting
- Refrigeration units
- Electronic equipment

6.7 Environmental Hazards

- Temperature extremes (cold storage, loading dock)
- Poor air quality
- Noise levels
- Inadequate lighting
- Seasonal decorations and displays

6.8 Customer-Related Hazards

- Crowding during sales events
 - Shopping cart incidents
 - Product displays falling
 - Children in store
 - Emergency evacuations
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7. Store Safety Inspection Checklist

7.1 Sales Floor Safety

Item	Compliant	Action Required
Aisles clear of obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Displays stable and secure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor surfaces in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency exits clear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire extinguishers accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wet floor signs available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelf heights appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7.2 Stockroom Safety

Item	Compliant	Action Required
Shelving properly secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heavy items stored low	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clear access to exits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step ladders available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PPE available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hazardous materials stored properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Compactor/baler guards in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7.3 Loading Dock Safety

Item	Compliant	Action Required
Dock plates/levelers secure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Traffic management in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Weather protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fall protection at dock edge	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Security Risk Assessment

8.1 Security Measures

Measure	Implemented	Details
CCTV surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarm system	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cash handling procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safe/drop safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Panic buttons	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EAS (Electronic Article Surveillance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8.2 Robbery Prevention

Control	In Place	Comments
Limited cash in registers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time-delay safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clear sightlines to registers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Height markers at exits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff training on robbery response	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-robbery procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Emergency Response Procedures

9.1 Emergency Contacts

Role	Name	Contact Number
Store Manager		
Assistant Manager		
Security		
First Aid Officer		
Emergency Services		911 / 000 / 999
Head Office		
Building Management		

9.2 Emergency Procedures

Customer Injury:

1. Ensure scene safety

2. Provide first aid assistance
3. Call emergency services if required
4. Notify management immediately
5. Complete incident report
6. Preserve evidence (CCTV, witness statements)
7. Do not admit liability

Employee Injury:

1. Ensure scene safety
2. Provide first aid assistance
3. Call emergency services if required
4. Notify supervisor/manager
5. Complete incident report
6. Arrange medical treatment if needed
7. Review and address hazard

Robbery:

1. Remain calm, do not resist
2. Follow robber's instructions
3. Observe and remember details
4. Activate alarm when safe
5. Call police immediately after
6. Lock doors, preserve evidence
7. Do not discuss with others until police arrive

Fire Emergency:

1. Activate fire alarm
2. Assist customers to evacuate calmly
3. Call emergency services
4. Use fire extinguisher only if trained and safe

5. Meet at designated assembly point
6. Account for all staff
7. Do not re-enter until cleared

Medical Emergency (Customer):

1. Call for first aid assistance
2. Call emergency services
3. Clear area around patient
4. Provide first aid if trained
5. Stay with patient until help arrives
6. Complete incident report

Assembly Point: _____

10. Personal Protective Equipment (PPE) Requirements

PPE Item	Required	Specification
Safety Footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Cut-resistant Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level: _____
Back Support Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
High-Visibility Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____
Safety Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Cold Weather Gear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

11. 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:	_____

12. Review Schedule

Review Type	Frequency	Next Review Date
Daily Store Walk	Daily	
Weekly Safety Check	Weekly	
Comprehensive Review	Annually	
Post-Incident Review	As required	
Seasonal Review	Quarterly	

Triggers for Immediate Review:

- Any workplace incident or near-miss
 - Customer complaints or injuries
 - Security incidents
 - Store layout changes
 - New equipment installation
 - Seasonal events (Black Friday, holidays)
 - Changes in regulations
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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 store requirements and local regulatory requirements.