



RISK ASSESSMENT FORM

Form RA24

Assessment No: RA24	Location / Dept: On site	Further assessments required: Fire <input type="checkbox"/> COSHH <input type="checkbox"/> Manual Handling <input type="checkbox"/> Display Screen Equipment <input type="checkbox"/> Nursing and Expectant Mothers <input type="checkbox"/> Young Persons <input type="checkbox"/>	Persons involved in or affected by the task: Employees <input type="checkbox"/> Visitors <input type="checkbox"/> Contractors <input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> Others <input type="checkbox"/>	Special Groups: (Where individual assessments will be required) Nursing and Expectant Mothers <input type="checkbox"/> Young Persons <input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Service Users <input type="checkbox"/>
Assessment Date: 3/6/09	Assessor's Name: Jayne Jowett			
Task / Activity / Area Assessed: Siting of a memorial bench on graduated grassed area which will be paved from the edge of the pavement backwards.				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
Ground slopes down from right to left at quite a steep gradient. Leveling the area will require a retaining wall beneath the patio on which the bench will sit resulting in the risk of a trip/fall onto or from the paved seating area 	3	A more suitable site has been located which is level and more able to accommodate the bench safely. 	1	3	Low

Worst Case Outcome

Likelihood given precautions in place

10	8	5	3	1		10	8	5	2	1
Fatality	Severe injury	Lost time injury	Minor injury	No injury		Certain / imminent	Very likely	Likely	Unlikely	Remote

High 50-100	Risk Rating Table Medium 20-49	Low 1-19
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Action required (note any temporary action / control measures required):	Action Review Date	Action Completed (Name and title) / Date
Further actions that may require longer term consideration:	Action Review Date	Action Completed (Name and title) / Date

If any issues are outstanding from the 'Action Review' date, detail the reasons:

Signature:

Date: 03/06/09

Assessment Review Date (as required): 03/06/10

New risk assessment required: No

Completed by (Name): Jayne Jowett

Signature: Jayne Jowett

Assessment Review Date (as required):

New risk assessment required: No

Completed by (Name):

Signature:

