

RISK ASSESSMENT FORM

Form RA

Assessment No: RA13	Location / Dept: On Site	Further assessments required:	Persons involved in or affected by the task:	Special Groups: (Where individual assessments will be required)
Assessment Date: 09/10/06	Assessor's Name: J Jowett	Fire <input type="checkbox"/>	Employees <input checked="" type="checkbox"/>	Nursing and Expectant Mothers <input type="checkbox"/>
Task / Activity / Area Assessed: GRITTING PATHS		COSHH <input type="checkbox"/>	Visitors <input type="checkbox"/>	Young Persons <input type="checkbox"/>
		Manual Handling <input type="checkbox"/>	Contractors <input type="checkbox"/>	Disabled <input type="checkbox"/>
		Display Screen Equipment <input type="checkbox"/>	Members of the public <input checked="" type="checkbox"/>	Service Users <input type="checkbox"/>
		Nursing and Expectant Mothers <input type="checkbox"/>	Others <input type="checkbox"/>	
		Young Persons <input type="checkbox"/>		

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
SLIP	Lost time 5	PPC worn	Likely 5	25	Med
VEHICLE SLIDDING / COLLIDING WITH PERSON	Fatality 10	Equipment safety checked / maintained annually by a professional	Unlikely 2	20	Med
STRIKE BY GRIT	Lost time 5	Gardener checks equipment prior to use.	Unlikely 2	10	Low
		Vehicle used in accordance with highway code and legal requirements			
		Gardener ceases gritting when pedestrian passes.			
		Warning lights used.			

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

Risk Rating Table		
High 50-100	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
None other than to regularly monitor for changes		
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: 09/10/06
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Assessment Review Date (as required): 09/10/07	Assessment Review Date (as required): 17/8/09
New risk assessment required: Yes / No	New risk assessment required: No
Completed by (Name):	Completed by (Name): J Jowett

Signature:

Signature: