

RISK ASSESSMENT FORM

Form RA

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|--|----------------------------------|--|---|--|
| Assessment No: COSHH01 | 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: 20/09/06 | Assessor's Name: J JOWETT | Fire <input checked="" type="checkbox"/> | Employees <input checked="" type="checkbox"/> | Nursing and Expectant Mothers <input type="checkbox"/> |
| Task / Activity / Area Assessed: Use of substance as a weed killer. Gardener sprays affected areas twice a year for approx 2 hours each time | | 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 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 |
|------------------------|--------------------|--|--------------|-------|--------|
| Irritating to skin | Minor injury (3) | Employee wears protective clothing and is trained in handling substance | Remote (1) | 3 | Low |
| Irritation to eyes | Minor injury (3) | Employee wears eye protection | Remote (1) | 3 | Low |
| Inhalation of spray | Minor injury (3) | Employ sprays in direction of wind to ensure spray drifts away from body | Unlikely (2) | 6 | Low |
| Ingestion of substance | Minor injury (3) | As above and employee also does not eat, drink or smoke whilst using product and washes hands after use. | Unlikely (2) | 6 | 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 |
|--|--------------------|--|
| None other than monitoring for changes | | |
| Further actions that may require longer term consideration: | Action Review Date | Action Completed (Name and title) / Date |
| None | | |

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

Signature:

Date: 20/09/06

Assessment Review Date (as required): 20/09/07

Assessment Review Date (as required):

New risk assessment required: Yes / ~~No~~

New risk assessment required: Yes / No

Completed by (Name):

Completed by (Name):

Signature:

Signature:

