

# RISK ASSESSMENT FORM

Form RA

Assessment No: <b>COSHH02</b>	Location / Dept: <b>ON SITE</b>	<b>Further assessments required:</b>	<b>Persons involved in or affected by the task:</b>	<b>Special Groups: (Where individual assessments will be required)</b>
Assessment Date: <b>01/11/06</b>	Assessor's Name: <b>J JOWETT</b>	Fire <input type="checkbox"/>	Employees <input checked="" type="checkbox"/>	Nursing and Expectant Mothers <input type="checkbox"/>
Task / Activity / Area Assessed:		COSHH <input checked="" type="checkbox"/>	Visitors <input type="checkbox"/>	Young Persons <input type="checkbox"/>
<b>Tomcat 2 - Use of substance as a rat poison. Gardener places poison in rat traps</b>		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
Ingestion of substance	Lost time 5	Employee wears protective clothing and is trained in handling substance  Employee also does not eat, drink or smoke whilst using product and washes hands after use.  Employee does not place the substance in areas that are subject to prevailing weather or that are accessible to humans.  Product stored in lockable container when not in use.	Remote (1)	5	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	<b>Risk Rating Table</b> Medium 20-49	Low 1-19
-------------	--	----------

# RISK ASSESSMENT FORM

Form RA

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: 01/11/06

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): J Jowett

Completed by (Name):

Signature:

Signature:

