

RISK ASSESSMENT FORM

Form RA

Assessment No: DSE01	Location / Dept: OFFICE	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 checked="" type="checkbox"/> Visitors <input type="checkbox"/> Contractors <input type="checkbox"/> Members of the public <input 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 type="checkbox"/> Service Users <input type="checkbox"/>
Assessment Date: 20/09/06	Assessor's Name: J JOWETT			
Task / Activity / Area Assessed: USE OF DISPLAY SCREEN EQUIPMENT				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
Screen not high enough so employee having to look down at screen which could cause neck pain	Minor injury (3)	Regular breaks from screen equipment.	Likely (5)	15	Low
Wrist not straight when typing - RSI	Minor injury (3)	Regular breaks.	Likely (5)	15	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
Purchase a computer riser; keyboard / mouse mat pads; footrest	21/09/06	21/09/06 J Jowett Clerk to Council
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:

NONE

Signature:

Date: 20/09/06

Assessment Review Date (as required): 21/09/07

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:

