

# RISK ASSESSMENT FORM

Form RA

Assessment No: <b>RA02</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>09/10/06</b>	Assessor's Name: <b>J JOWETT</b>	Fire <input type="checkbox"/>	Employees <input checked="" type="checkbox"/>	
Task / Activity / Area Assessed: <b>HAND WEEDING / CLEARING / PLANTING FLOWER BEDS</b>		COSHH <input type="checkbox"/>	Visitors <input type="checkbox"/>	Nursing and Expectant Mothers <input type="checkbox"/>
		Manual Handling <input type="checkbox"/>	Contractors <input type="checkbox"/>	Young Persons <input type="checkbox"/>
		Display Screen Equipment <input type="checkbox"/>	Members of the public <input type="checkbox"/>	Disabled <input type="checkbox"/>
		Nursing and Expectant Mothers <input type="checkbox"/>	Others <input type="checkbox"/>	Service Users <input type="checkbox"/>
		Young Persons <input type="checkbox"/>		

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
<b>CUTS TO HANDS</b>	Lost time 5	Remove dog foul and litter before starting work.	Likely 5	25	<b>Med</b>
<b>CONTAMINATION FROM ANIMAL FOUL</b>	Minor injury 3	PPC worn Gardener washes hands on completion of activity	Remote 1	3	<b>Low</b>
<b>DAMAGE TO BACK FROM BENDING OVER</b>	Lost time 5	Gardener does not eat, drink or smoke whilst undertaking activity Gardener takes regular breaks to ensure back is rested and he kneels down rather bending over.	Unlikely 2	10	<b>Low</b>

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	

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Action required (note any temporary action / control measures required):	Action Review Date	Action Completed (Name and title) / Date
Knee protectors & lightweight gloves required	09/11/06	
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

Assessment Review Date (as required): 09/10/07

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

Completed by (Name): JAYNE JOWETT

Signature:

Assessment Review Date (as required):

New risk assessment required: Yes / No

Completed by (Name):

Signature: