

RISK ASSESSMENT FORM

Form RA

Assessment No: RA03	Location / Dept: ON SITE	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"/> <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 checked="" type="checkbox"/> <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: 09/10/06	Assessor's Name: J JOWETT			
Task / Activity / Area Assessed: STRIMMING GRASS				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
STRIKE BY FLYING DEBRIS	Severe injury (8)	Gardener inspects the site before strimming to collect as much debris as possible. Warning signs displayed Vehicle has flashing warning lights PPE Worn Gardener has undertaken training in the operation of the equipment and 'Chapter 8' Equipment safety checked annually by professional Gardener safety checks equipment prior to commencing work	Unlikely (2)	16	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

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
NONE		

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

Signature: _____ Date: _____

Assessment Review Date (as required): 09/10/07
New risk assessment required: ~~Yes~~ / No

Assessment Review Date (as required):
New risk assessment required: Yes / No

Completed by (Name):

Completed by (Name):

Signature:

Signature: