

# RISK ASSESSMENT FORM

Form RA

Assessment No: <b>RA06</b>	Location / Dept: <b>ON SITE</b>	<b>Further assessments required:</b> 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"/>	<b>Persons involved in or affected by the task:</b> Employees <input type="checkbox"/> Visitors <input type="checkbox"/> Contractors <input type="checkbox"/> Members of the public <input type="checkbox"/> Others <input type="checkbox"/>	<b>Special Groups: (Where individual assessments will be required)</b>  Nursing and Expectant Mothers <input type="checkbox"/> Young Persons <input type="checkbox"/> Disabled <input type="checkbox"/> Service Users <input type="checkbox"/>
Assessment Date: <b>21/09/06</b>	Assessor's Name: <b>J JOWETT</b>			
Task / Activity / Area Assessed: <b>WATERING HANGING BASKETS</b>				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
<b>FALL FROM VEHICLE</b>  <b>DISLODGE OF WATER BUTT CAUSING DAMAGE ON IMPACT</b>	Severe injury 8	<b>PPC worn</b> <b>Gardener trained on use of equipment</b> <b>Equipment secured to vehicle</b>	Unlikely 2	16	<b>Low</b>
	Severe injury 8		Unlikely 2	16	<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
Lower hanging baskets to ensure Gardener does not have to hop into back of pick-up	End of September	Yes B. Whitlock & BCBC expert 29/09/06
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: 21/09/06

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):

Completed by (Name):

Signature:

Signature:

