

# RISK ASSESSMENT FORM

Form RA

Assessment No: <b>RA07</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"/>	Nursing and Expectant Mothers <input type="checkbox"/>
Task / Activity / Area Assessed:		COSHH <input type="checkbox"/>	Visitors <input type="checkbox"/>	Young Persons <input type="checkbox"/>
<b>USING KUBOTA RIDE-ON GRASS CUTTER</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
<b>Cause an accident</b>	Fatality 10	<b>Equipment safety checked / maintained annually by a professional Gardener safety checks equipment prior to commencing work</b> <b>Gardener wears PPC</b> <b>Gardener pulls over to allow queues of traffic to pass</b> <b>Warning signs used</b>	Unlikely 2	20	<b>Med</b>
<b>Strike by debris</b>	Severe injury 8		Unlikely 2	16	<b>Low</b>
<b>Strike by blade</b>	Severe injury 8		Unlikely 2	16	<b>Low</b>
<b>Accident caused by puncture</b>	8 Fatality 10		Unlikely 2	20	<b>Med</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

<b>Risk Rating Table</b>		
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
Have tyres professionally filled with chemical to prevent puncture	By end November 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

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: