

RISK ASSESSMENT FORM

Form RA

Assessment No: RA08	Location / Dept: ON SITE	Further assessments required: Fire <input checked="" 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 checked="" 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: 09/10/06	Assessor's Name: J JOWETT			
Task / Activity / Area Assessed: DRIVING THE WORKS VEHICLE		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"/>		

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
COLLISION WITH A PEDESTRIAN	Fatality 10	Gardener observes highway code and legal requirements when using vehicle	Unlikely 2	20	Med
COLLISION WITH ANOTHER VEHICLE	Fatality 10	Vehicle safety checked / maintained annually by professional Gardener safety checks vehicle regularly	Unlikely 2	20	Med
COLLISION WITH AN ANIMAL	Severe injury 8	Fire extinguisher fitted in vehicle and gardener trained in use	Unlikely 2	16	Low
SLIP WITH ICE	Fatality 10	Gardener minimises use of vehicle to absolute essential requirements particularly in icy conditions	Unlikely 2	20	Med
VEHICLE FIRE	Fatality 10		Unlikely 2	20	Med

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
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

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:

