

RISK ASSESSMENT FORM

Form RA

Assessment No: RA10	Location / Dept: OFFICE	Further assessments required:	Persons involved in or affected by the task:	Special Groups: (Where individual assessments will be required)
Assessment Date: 21/09/06	Assessor's Name: J JOWETT	Fire <input type="checkbox"/>	Employees <input checked="" type="checkbox"/>	
Task / Activity / Area Assessed: USING PAPER SHREDDER		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
GETTING ITEM OF CLOTHING CAUGHT IN MECHANISM	No injury (1)	No training garments worn in office	Remote (1)	1	Low
GETTING HAIR CAUGHT IN MECHANISM	Minor injury (3)	Current operator has very short hair	Remote (1)	3	Low
GETTING FINGER CAUGHT IN MECHANISM	Lost time injury (5)	Operator ensures fingers are kept well away from the mechanism as per instructions. Electrical supply is switched off before unblocking any paper jam.	Remote (1)	5	Low
ELECTRICUTION	Fatality (10)	Shredder PAT tested once a year.	Remote (1)	10	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

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 regular monitoring 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: **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:

