

RISK ASSESSMENT FORM

Form RA

Assessment No: RA12	Location / Dept: On Site	Further assessments required: Fire <input type="checkbox"/> COSHH <input type="checkbox"/> Manual Handling <input checked="" type="checkbox"/> Display Screen Equipment <input type="checkbox"/> Nursing and Expectant Mothers <input type="checkbox"/> Young Persons <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"/>	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: CLEARING PATHWAYS OF DEBRIS WITH MACHANICAL BLOWER				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
SLIPPING	Lost time 5	Gardener wears PPC Gardener trained in use of equipment Gardener takes regular breaks to minimise impact of vibration Equipment safety checked / maintained annually by a professional Gardener checks equipment prior to use Gardener turns off blower when pedestrians pass. Gardener Health checked	Unlikely 2	10	Med
STRIKE BY DEBRIS	Lost time 5		Unlikely 2	10	Low
VIBRATION	Severe injury 8		Unlikely 2	16	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

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 MONITIR 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: