

RISK ASSESSMENT FORM

Form RA

Assessment No: RA15	Location / Dept: On Site	Further assessments required: Fire <input type="checkbox"/> COSH <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 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: LOADING / UNLOADING / SITING OF WARNING SIGNS / CONES				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
STRIKE BY VEHICLE	Fatality 10	Gardener trained in manual handling Warning lights used Gardener keeps manual handling to a minimum. PPC worn Gardener trained in use of road sign displaying / making road safe (Chapter 8).	Unlikely 2	20	Med
STRIKE BY SIGN / CONE	Lost time 5		Unlikely 2	10	Low
DAMAGE TO BACK	Lost time 5		Likely 5	25	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 monitoring 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): 09/10/06	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: