

RISK ASSESSMENT FORM

Form RA

Assessment No: RA17	Location / Dept: ON SITE	Further assessments required: Fire <input type="checkbox"/> 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"/>	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 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: 16/10/06	Assessor's Name: J JOWETT			
Task / Activity / Area Assessed: LONE WORKING BY GARDENER				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
ATTACK BY ANIMAL / PERSON GARDENER COULD BE INVOLVED IN AN ACCIDENT	Severe injury 8	PPE worn Equipment safety checked / maintained annually by professional Gardener trained in use of equipment	Unlikely 2	16	Low
	Severe injury 8	Gardener keeps in regular contact with Clerk throughout day and in Clerks absence Gardener can contact Chairman or any other Councillor. Clerk is made aware of whereabouts of Gardener and likely time scales of tasks. Gardener has a work mobile telephone for use in emergencies and to maintain contact with Clerk. Gardener has a personal alarm which he keeps on his person during working hours. Gardener is to undertake conflict management training. Gardener is instructed to retreat to a safe place in the event of animal or personal attack, e.g. the office; a shop; his home or the works vehicle; to contact the police and to remain there until the threat has passed. Gardener instructed not to engage in conversation with any person who is displaying aggressive or threatening behaviour.	Unlikely 2	16	Low

Worst Case Outcome

Likelihood given precautions in place

10	8	5	3	1		10	8	5	2	1	Risk Rating Table High 50-100 Medium 20-49 Low 1-19
Fatality	Severe injury	Lost time injury	Minor injury	No injury		Certain / imminent	Very likely	Likely	Unlikely	Remote	

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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 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: 16/10/06

Assessment Review Date (as required): 09/10/07

New risk assessment required: ~~Yes~~ / No

Completed by (Name): JAYNE JOWETT

Signature:

Assessment Review Date (as required):

New risk assessment required: Yes / No

Completed by (Name):

Signature: