

RISK ASSESSMENT FORM

Form RA

Assessment No: RA18	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 CLERK				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
ATTACK BY PERSON ACCIDENT – e.g. trip / slip / fall / other injury	Severe injury 8	Clerk keeps in regular touch with Gardener and Councilors Councilors often pop into office to discuss issues. Clerk has work mobile phone for emergencies and to keep in contact with colleagues. Although in an office on her own, Clerk works in a Doctors surgery which always has staff in the other rooms Clerk keeps her door open so Doctors' staff and visitors would be able to see if there was anything wrong.	Unlikely 2	16	Low
	Lost time 5		Unlikely 2	16	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 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: 16/10/06

Assessment Review Date (as required): 16/10/07

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: