

RISK ASSESSMENT FORM

Form RA

Assessment No: RA19	Location / Dept: Office	Further assessments required:	Persons involved in or affected by the task:	Special Groups: (Where individual assessments will be required)
Assessment Date: 07/11/06	Assessor's Name: Jayne Jowett	Fire <input type="checkbox"/>	Employees <input checked="" type="checkbox"/>	Nursing and Expectant Mothers <input type="checkbox"/>
Task / Activity / Area Assessed:		COSHH <input type="checkbox"/>	Visitors <input type="checkbox"/>	Young Persons <input type="checkbox"/>
Using Photocopier		Manual Handling <input type="checkbox"/>	Contractors <input type="checkbox"/>	Disabled <input type="checkbox"/>
		Display Screen Equipment <input type="checkbox"/>	Members of the public <input type="checkbox"/>	Service Users <input type="checkbox"/>
		Nursing and Expectant Mothers <input type="checkbox"/>	Others <input type="checkbox"/>	
		Young Persons <input type="checkbox"/>		

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
Toner contamination	Minor injury 3	Employee uses equipment / toner in line with manufacturer's instructions Employee only opens parts of the equipment instructed to do so in line with the machine instructions and only uses the supporting equipment supplied with the photocopier. Employee has received training on the use of the equipment Equipment is subject to a maintenance contract which covers all breakdowns; toners designed for the model and parts replacement / safety checks. Equipment pat tested annually.	Remote 1	3	Low
Trapped / burnt fingers	Minor injury 3		Remote 1	3	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

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 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: **07/11/06**

Assessment Review Date (as required): 07/11/07	Assessment Review Date (as required):
New risk assessment required: Yes / No	New risk assessment required: Yes / No
Completed by (Name): Jayne Jowett	Completed by (Name):

Signature:

Signature: