

RISK ASSESSMENT FORM

Form RA

Assessment No: RA20	Location / Dept: On site	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"/>
Gardener working at the road side		Manual Handling <input type="checkbox"/>	Contractors <input checked="" type="checkbox"/>	Disabled <input type="checkbox"/>
		Display Screen Equipment <input type="checkbox"/>	Members of the public <input checked="" 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
Strike by vehicle	Death 10	Gardener 'Chapter 8' trained. Gardener displays road signs PPE worn including High Vis. Work kept to a minimum. Works vehicle displays warning lights.	Remote 1	10	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:

