

RISK ASSESSMENT FORM

Form RA2

Risk Assessment Number; 2016JULYBOARDWALK	Date Of Assessment; 22nd July 2016
Task / Work Activity / Work Area Assessed; BOARDWALK at Broad Haven Slash Pond SA62 3JR: carpark entrance to picnic area	People Involved In Making This Assessment;

Supplementary Checklist Used In Respect Of; ***If there is a significant risk in any of these areas [or any other]– a separate Risk Assessment should be completed***

New And Expectant Mothers Fire safety Young Persons Substances Hazardous To Health Display Screens Manual Handling

ASK YOURSELF: Persons Affected By The Activity Hazards that may be present	2. What Hazards Have Been Identified?	3. What Control Measures Already In Place	4. Further Control Measures Identified As Necessary – what else could be done?	5. Action on measures listed in Col. 4 Allocated to (Name) For completion by (Date)	6. Work Completed Date And Signature
* Employees * Contractors * Public * Children * Other vulnerable People/wheelchairs Could there be: Moving or flying objects Falling materials Moving objects Protruding objects Sharp or jagged edges Can things be caught in Pinch points What are the risks of a fall Fire Spills Slippery surfaces is there contact with: Chemicals Electricity Heat or Cold Gases or Fumes Oxygen deficiency	<p>Trips falls slips A fall from/off the boardwalk Slip on wet /mossy decking boards Trip hazards Litter/debris Water pools under boardwalk</p> <p>Falling Materials protruding Objects</p> <p>Pinch points</p> <p>Dry wood – fire risk</p>	<p>Boardwalk is at low height , maximum distance to ground 18” Barriers at 12” and up to 36” Kick boards Trees Cut back Deck boards kept free of moss Boards are screwed in place Boards are in solid condition Bins provided in carpark/ litterfree area Caution signs in place</p> <p>Trees cut back/hanging branches/weeds trimmed Barriers./deckboards smooth- no sharp edges/splinters. Deckboards are immobile</p> <p>Water surrounding boardwalk</p> <p>No ashtrays/no ignition sources</p>	<p>New ‘caution/ contact if danger to report’ signs</p>		

Persons Affected By The Activity	ASK YOURSELF . What Hazards Have Been Identified? TODAY	3. Control Measures Already In Place if different to above	4. Further Control Measures Identified As Necessary – what needs to be done?	5. Action on measures listed in Col. 4 Allocated to (Name) For completion by (Date)	6. Work Completed Date And Signature
<ul style="list-style-type: none"> * Employees * Contractors * Public * New & Expectant Mothers * Children * Young Persons * Other vulnerable people <p>Delete inappropriate entries. Add any affected people not listed.</p>	None	NA	NA	NA	Karen and Jonny
7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor; Name; Signature;		8. Details Of Further Control Measures Required (Column 4) transferred to the Control Measures Action Record: YES / NO On Date:			

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Risk Assessment Reviewed MONTHLY

Date of Review	Full name & contact tel. number	Other persons present : Full name & contact tel. number	DETAILS OF REMEDIAL WORK REQUIRED	Who is to ACTION this work required ?	What date was this action completed & by whom?	Signed / Submitted to STB.co.uk
JAN 2016						
FEB 2016						
MAR 2016						
APR 2016						
MAY 2016						
JUNE 2016						
JULY 2016	Jonathan Griffiths 07748333648	Karen Griffiths 07919435933	NA	NA	NA	NA
AUG 2016						

SEPT 2016						
OCT 2016						
NOV 2016						