Form RA2 RISK ASSESSMENT FORM 18.3.17 Date Of Assessment: Risk Assessment Number; 2017JANUARYBOARDWALK People Involved In Making This Assessment; Task / Work Activity / Work Area Assessed; BOARDWALK at Broad JONATHON GRIFFITHS LES REONORN Haven Slash Pond SA62 3JR: carpark entrance to picnic area 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 X Fire safety X Young Persons X Substances Hazardous To Health X Display Screens X Manual Handling X 6. Work 5. Action on measures 4. Further Control Measures 3. What Control Measures Completed 2. What Hazards Have listed in Col. 4 ASK Identified As Necessary -Already Date And Signature Been Identified? YOURSELF: what else could be done? In Place For Allocated to Persons Affected completion (Name) By The Activity by (Date) Hazards that may be present Boardwalk is at low height, Trips falls slips * Employees maximum distance to ground * Contractors A fall from/off the * Public * Children 18" * Other vulnerable boardwalk Barriers at 12" and up to 36" People/wheelchairs Slip on wet /mossy decking Could there be: Kick boards boards Moving or flying Trees Cut back Trip hazards objects Deck boards kept free of Falling materials Litter/debris Moving objects Water pools under boardwalk moss Protruding objects Boards are screwed in place Sharp or jagged edges Boards are in solid condition Can things be caught in Bins provided in carpark/ Pinch points litterfree area New 'caution/ What are the risks **Falling Materials** of a fall Caution signs in place protruding Objects contact if danger to Fire report' signs Spills Trees cut back/hanging Slippery surfaces is there contact branches/weeds trimmed Pinch points with: Barriers./deckboards smooth-Chemicals no sharp edges/splinters. Electricity Dry wood – fire risk Heat or Cold Deckboards are immobile Gases or Fumes Oxygen deficiency Water surrounding boardwalk

No ashtrays/no ignition

sources

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 For (Name) complet ion by (Date)	6. Work Completed Date And Signature		
* Employees * Contractors * Public * New & Expectant Mothers * Children	ON SOME UPRICHTS HAVE ALGARE AROUND THE BOTTOM AND IS SPREADING ON PRAVIS	GRIP DRCK	SCRNB CORN ALCAR AND REMOVE FROM PLANES				
* Young Persons * Other vulnerable people	BORN PLANTS ON W.DZ COENZE HAVE A SLICHT SPRINGIN THEM		Remove 13 PLANKS FOR LONG-LE PLANKS 153CM LONG- X 13				
Delete inappropriate entries. Add any affected people not listed.	Small 2" LIP ON ROMP By GRPARK		12 TOU STONE DUST				
7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor; Name; Lacatol 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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ate of leview	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
AN 2016						
EB 2016						
AR 2016						
PR 2016						
AY 2016						
JNE 2016						
JLY 2016						
UG 2016				A CONTROL OF THE SECRETARY OF THE SECRET		
EPT 2016						