

RISK ASSESSMENT FORM

Form RA2

Risk Assessment Number:

Date Of Assessment: 24.2.18

Task / Work Activity / Work Area Assessed: **BOARDWALK at Broad Haven Slash Pond SA62 3JR: Main entrance to picnic area**

People Involved In Making This Assessment: **L2S REDHORN**

Supplementary Checklist Used In Respect Of: **If there is a significant risk in any of these areas for 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>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>Falling Materials protruding Objects Pinch points Dry wood – fire risk</p>	<p>Trees cut back/hanging branches/weeds trimmed Barriers./deckboards smooth-no sharp edges/splinters. Deckboards are immobile Water surrounding boardwalk No ashtrays/no ignition sources</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>	<p>SI'D Drain SINK HOLE AT PICTURE AREA</p>	<p>DTR HAS FILED THE HOLD WITH STANZ AND COURTS RE: AROUND</p>	<p>HCC/PCC have a surveyor attending - a French Drain has been advised. HCC are paying for this work to be completed.</p>	<p>Col. 4 transferred to the On Date:</p>	<p>24/2/18 LR</p>
<p>7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor:</p>		<p>8. Details Of Further Control Measures Required (Column 4) transferred to the Control Measures Action Record: YES / NO</p>			
<p>Signature:</p>					