


RISK ASSESSMENT FORM

Form RA3

Risk Assessment Number: (eg. 2019MAYBOARDWALK) <u>2020JULYBOARDWALK</u>			Date Of Assessment: <u>10/7/20</u>		
Task / Work Activity / Work Area Assessed: BOARDWALK at Broad Haven Slash Pond SA62 3JR: 'Royal' entrance to picnic area			People Involved In Making This Assessment: <u>LEWIS GEE</u>		
Date of previous risk assessment (RA): _____			Previous RA actions checked? <input type="checkbox"/>		Any incomplete items added to this RA? <input type="checkbox"/>
1. ASK YOURSELF: Persons Affected By The Activity * 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	2. What Hazards Have Been Identified? Trips falls slips A fall from/off the boardwalk Slip on wet /mossy decking boards Trip hazards Litter/debris Water pools under boardwalk Falling Materials protruding Objects Pinch points Dry wood – fire risk	3. What Control Measures Already In Place 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 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	4. Further Control Measures Identified As Necessary – what else could be done? New ‘caution/contact if danger to report’ signs	5. Action on measures listed in Col. 4 Allocated to (Name) For completion by (Date)	6. Work Completed Date And Signature
 PTO					

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>Tree/branch height in some parts below adult head height. (Not dangerous but would be good to be cut back)</p>	<p>Needs cutting back</p>	<p>Get local company to cut back.</p>		
<p>7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor; Name; Signature;</p>		<p>8. Details Of Further Control Measures Required (Column 4) transferred to the Control Measures Action Record: YES / NO On Date:</p>			

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Once review is completed, this whole document needs to be scanned EMAILED to boardwalkgang@gmail.com for upload to the website

Risk Assessment Reviewed MONTHLY

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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