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| RISK ASSESSMENT | Work at height within Lighting for a school production  |  |
| **Assessment completed by:**  | **Date Completed:** |  |
| **PRINT NAME:**  | **Next Review Date Due:** |  |

| Hazard / Risk | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* |
| --- | --- | --- | --- | --- |
| **In Place** | **Adequate** |
| **Defective equipment** / Falls, falling objects | StaffPupilsVisitors | Personal injury | * All access equipment suitable for purpose checked before use and maintained in good condition.
* Inspected weekly if it remains in position.
* To be erected only by certified persons who are PASMA trained.
* Reporting procedure in place for identified defective items with prompt removal /remedial action.
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| **Hit by falling equipment** | StaffPupilsVisitors | Personal injury | * Segregate area under tower effectively, accompanying tools / equipment to be carried in tool belt.
 |  |  |
| **Falls from mobile tower scaffold**Inappropriate use, Overreaching, stretching etc. | StaffPupilsVisitors | Personal injury | * Pupils should not change stage lights
* Consider installing lighting rigs which can be lowered to ground level
* All relevant teaching staff trained in safe use of access equipment. Cascade to pupils, no pupils to use tower scaffold unless supervised by a competent person.
* No lone working when erecting or using tower.
* Persons using access equipment to wear appropriate footwear.
* Code of conduct for pupil behaviour in hall.
* Access equipment restricted to those competent in its safe use. Ensure access ladder removed / tower securely stored when not in use to prevent unauthorised use.
* Drama dept has policy detailing safe working procedures for adjusting lights, working on gantry etc.
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| **Additional Control Measures***(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).* | **Action by Whom***(list the name of the person/people who have been designated to conduct actions)* | **Action by When***(set timescales for the completion of the actions – remember to prioritise them)* | **Action Completed***(record the actual date of completion for each action listed)* | **Residual Risk Rating** |
|  |  |  |  |  |
| **Reviewed by:****Signature:** | **COMMENTS:***Record any comments reviewer wishes to make. Including recommendations for future reviews.* |
| **PRINT NAME:** |

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| RESIDUAL RISK RATING | **ACTION REQUIRED** |
| **VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring** | **The activity must not take place at all.** You must identify further controls to reduce the risk rating. |
| **HIGH (H) Possibility of fatality/serious injury occurring** | You must identify further controls to reduce the risk rating.Seek further advice, e.g. from your H&S Consultant |
| **MEDIUM (M) Possibility of significant injury or over 7 day absence occurring** | If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely. |
| **LOW (L) Possibility of minor injury only** | No further action required. |