|  |  |  |  |
| --- | --- | --- | --- |
| 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 | Staff  Pupils  Visitors | 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. |  |  |
| **Hit by falling equipment** | Staff  Pupils  Visitors | 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. | Staff  Pupils  Visitors | 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. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |

|  |  |
| --- | --- |
| 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. |