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| --- | --- | --- |
| RISK ASSESSMENT  | Putting up displays (low height, approximately 0.5 M above average persons height) using a kick stool  |  |
| **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** |
| **Use of incorrect equipment (desk, chairs etc)**  | StaffVisitorsPupils  | Falls, falling objects | * Staff instructed not to use makeshift steps (chairs/ tables etc)
* Restrict displays to head height where practical
* Ensure display boards are accessible
* Kick stool provided for users to access display areas safely
* Ideally only trained staff in safe working at height designated to do school displays.
* No lone working when putting up displays someone else should be in school
* Kick stool checked before use to ensure it is stable
 |  |  |
| **Defective equipment** /  | StaffVisitorsPupils  | Falls, falling objects | * All access equipment suitable for purpose, checked before use and maintained in good condition.
* Reporting procedure in place for identified defective items with prompt removal /remedial action.
 |  |  |
| **Inappropriate use of access equipment****Overreaching, stretching etc.** **Uneven floor causing instability** | StaffVisitorsPupils  | Falls, falling objects | * Displays should not be above sinks in classrooms
* Displays prepared as far as possible before putting them up.
* Use of access equipment restricted to those trained and competent in use.
* Staff to re-position kick stool rather than overstretch.
* Floor surfaces suitable to use kick stool (firm and even surface)
* Persons using access equipment to wear appropriate footwear ( low heeled, non-slip soles)
* Do not leave unattended to avoid unauthorised use.
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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:** |

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