|  |  |  |
| --- | --- | --- |
| RISK ASSESSMENT | Use of mobile tower scaffold.Use of equipment other than ladders justified – no protected platform, not possible to secure ladder. |  |
| **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**  | StaffVisitorsPupils Contractors  | Falls, falling objects | * User to ensure access equipment is of adequate height and suitable for task.
* All users to be trained in work at height PASMA in the last 5 years
* Scaffold tower to be erected in accordance with manufacturer’s instructions)
 |  |  |
| **Defective equipment**, **collapse of equipment,**  | StaffVisitorsPupils Contractors  | falls, falling objects | * All access equipment suitable for purpose, inspected before use and maintained in good condition.
* Inspected weekly if it remains in place and after any event likely to have affected its stability.
* Safe working load marked on equipment
* To be erected only by certified persons PASMA trained.
* 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 Contractors  | Falls, falling objects | * All users trained in use of mobile towers for inspection / maintenance tasks.
* Access equipment restricted to those trained and competent in use.
* Brakes to be applied in use.
* Move tower from base only, all tools and persons removed from structure prior to moving.
* Guardrails and toe boards to be provided.
* No lone working when erecting or using tower.
* Floor surfaces suitable to use (firm and even surface)
* Persons using access equipment to wear appropriate footwear (low heeled, non-slip soles)
* Securely stored when not in use to avoid unauthorised use.
 |  |  |
| **Persons or vehicles colliding with tower** | StaffVisitorsPupils Contractors  |  | * Segregate work area, create exclusion zone beneath work area
* Provide warning signs, cones or temporary fencing if needed.
* Schedule work to take place when persons are not in immediate area.
 |  |  |
| **Contact with overhead electrical services** | StaffVisitorsPupils Contractors  | Electrocution, burns | * Survey area prior to erection
 |  |  |
| **Manual Handling Unstable / unwieldy loads** | StaffVisitorsPupils Contractors  | Falls, falling objects | * Accompanying tools and equipment carried in tool belt. Both hands to be kept free when climbing ladder.
* Use team handling where necessary.
* Staff to be trained in moving and handling techniques.
* Obtain help transporting equipment if needed
 |  |  |
| **Environmental conditions** **(Weather, wet ground, uneven surfaces etc.)** | StaffVisitorsPupils Contractors  |  | * Consideration given to environmental conditions prior to starting work.
* No work to be undertaken in adverse weather conditions (wind, rain, snow etc.)
* Ensure rungs are clear of slippery substances, ice, mud 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 Team |
| **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. |