|  |  |  |  |
| --- | --- | --- | --- |
| 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** | Staff  Visitors  Pupils 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,** | Staff  Visitors  Pupils 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** | Staff  Visitors  Pupils 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** | Staff  Visitors  Pupils 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** | Staff  Visitors  Pupils Contractors | Electrocution, burns | * Survey area prior to erection |  |  |
| **Manual Handling Unstable / unwieldy loads** | Staff  Visitors  Pupils 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.)** | Staff  Visitors  Pupils 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. | | | |