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| RISK ASSESSMENTInsert School Name | Use of Work Equipment | | Insert school logo - optional |
| **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** |
| Injury due to lack of inspection and maintenance | Site Team | Personal injury | * All work equipment has been identified and listed on the school asset register * All handtools are checked 6th monthly and recorded * Relevant work equipment is visually checked by users before being used * Physical checks are completed and the check list in use has been updated to reflect the relevant checks to work equipment that must be undertaken by staff day to day * Planned preventative maintenance programme (PPM) in place and managed * Where statutory checks are required the insurer has identified the equipment and records are in place for these checks * All relevant equipment undergoes cleaning / maintenance and repair by a competent engineer. * Instructions, safety info and statutory records are obtained when hired equipment is used |  |  |
| Injury due to the inappropriate use of equipment | Site Team | Personal injury | * Users never place their hands inside moving equipment and only then when it has been fully isolated * Where there is a risk that others may re-energise an isolated piece of equipment signage and communication is used to prevent injury * Where operating manuals are available these are used * An assessment has been undertaken prior to the use or acquisition of equipment that it is the correct equipment for the task * Training has been provided to staff using work equipment and also on the contents of any risk assessments or working instructions that have been produced * External training providers have been provided where necessary * Personal protective equipment is provided where a specific risk assessment has deemed this to be necessary. |  |  |
| Injury due to lack of guarding | Site Team | Personal injury | * All moving parts are guarded * Equipment is not used unless guards are in place * Where guards can be removed to enable cleaning, they are interlocked so machines will not operate without them being in place. * Keys are not left in equipment * Emergency stop buttons are located where they are easily accessible |  |  |
| Injury due to Use of Work Equipment in Poor Environmental Conditions | Site Team | Personal injury | * Equipment is not used externally when it is windy, raining or otherwise poor unless the equipment is specifically designed to be used in these conditions * Equipment is not used in poor lighting conditions * Where dust or fumes can be generated local extract ventilation has been connected to equipment * A good standard of housekeeping is maintained in areas where work equipment is used * Regular physical checks are undertaken and recorded for possible slips, trip and fall hazards * Ride on equipment is not used on sloping ground unless the equipment has been designed with this use in mind and a risk assessment has been undertaken |  |  |
| Injury due to lack of knowledge | Site Team | Personal injury | * Individuals have received information and instructions on the equipment that they must use for their work * Where operation manuals are available these are stored where they can be accessed by those maintaining the equipment * Risk assessments undertaken for the use of specific equipment have been brought to the attention of the staff that they affect. |  |  |

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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. | | | |