


















HEALTH AND SAFETY RISK ASSESSMENT

Date:		SITE:		Risk Assessment Number:			LS001
Risk Assessment Title:	Use of petrol powered garden strimmer		Who Might Be Harmed: (insert ✓)	Employee	Client	Sub Contractor	PUBLIC

Known Hazards (insert ✓)										Product Classification (insert ✓)							
																	
✓		✓	✓		✓		✓						✓				

Task Specific Hazard(s)	Risk Rating			Control Measure(s)	Residual Risk		
	Probability	Severity	Rating		Probability	Severity	Rating
<u>Transporting gardening equipment:</u> Manual Handling; loading/unloading; Sharp edges	3	3	9	Operators to be trained in manual handling techniques. Gloves to be worn	2	2	4
<u>Transporting petrol:</u> Fire	4	4	16	Petrol only to be stored in suitable plastic or metal containers. Maximum of 20 litres to be transported. No smoking policy in company vehicles. All spillages to be contained and cleaned up immediately (Spill kit to be available).	2	2	2
Ground contamination	3	3	9		2	2	2
<u>Using strimmer:</u> Inhalation petrol fumes	3	2	6	Not to be fuelled indoors or Extra caution to be shown while engine is hot. Visual pre-use checks for damage. Check inspection tab in date Only competent persons to operate strimmer. Appropriate PPE to be worn. Adequate weather proof clothing and non slip boots to be worn in inclement conditions. Area to be segregated with warning signs to restrict access	1	2	2
Fire	3	4	12		2	2	4
Mechanical failure	3	4	12		1	2	2
Noise	5	3	15		1	2	2
Weather conditions	4	2	8		2	1	2
Interface with 3	5	3	15		2	2	4

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Personal Protective Equipment to be Used (insert ✓)

																				
Air Fed Helmet	Face Visor	Goggles	Safety Glasses	Ear Defender	Safety Boots	Safety Shoes	Head Protection	Hair Net	Wet suits	Hi-Viz	Apron	White Coat	Half Respirator	Respirator	Dust Mask	Fume Mask	Harness/Lanyards	Rubber Gloves	Hand Protection	
	✓			✓		✓				✓										✓

PROBABILITY X SEVERITY = RISK RATING (USING BOSTON SQUARE); 1 to 6 Controls are adequate; 8 to 12 Review controls, take additional action if required; 15 to 25 Urgent action required, Stop Work.

Health and Safety Risk Assessment Sign Off Sheet

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8. Further Action Required:

Review of the task and associated hazards is to be carried out annually.
All staff are to receive initial, on the job and task specific training, this training shall be identified and recorded

9. Assessment

Annual Review

Supervisor's Signature:

Supervisor's Signature:

Assessor's Signature:

Assessor's Signature:

Date:

Date:

Declaration by employee involved in the activity detailed above - I fully understand the activity outlined above and the risk control measures that I must implement, use, or wear. I have received sufficient information, instruction and training so as to enable me to conduct this activity with the minimum of risk to myself, or others.

Operative Name:	Signature:	Supervisors Name:	Date:	Operative Name:	Signature:	Supervisors Name:	Date: