

BROXTOWE BOROUGH COUNCILRA/INDOOR SPACES/01
RISK ASSESSMENT FORM

DIRECTORATE: HH&L ECSC

DATE OF ASSESSMENT: 21/09/06

TASK BEING ASSESSED: SETTING UP EQUIPMENT: CRICKET**Brief summary of duties involved in the task**

Setting up and taking down cricket mats and nets and associated equipment

HAZARDS**Are there any hazards likely to affect health and safety?**

1) Moving & Lifting	2) Height of nets hooks	3)
4)	5)	6)
7)	8)	9)

RISKS**What are the risks associated with the hazard? Please describe:**

1) Physical injury, muscles & back	2) Over stretching	3)
4)	5)	6)
7)	8)	9)

RISK ASSESSMENT**What is the likelihood of hazard and risk coming together?**

Please state High, Medium or Low

1) Medium	2) Low	3)
4)	5)	6)
7)	8)	9)

Can the hazard be removed altogether? Yes / No - If yes, please detail.

1) No	2) No	3)
4)	5)	6)
7)	8)	9)

Tick which persons may be at risk:

Operator	<input checked="" type="checkbox"/>	Other employees in area	<input checked="" type="checkbox"/>	Other employees in other areas	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	Members of the public	<input type="checkbox"/>
Young Persons	<input type="checkbox"/>	New / expectant mothers	<input type="checkbox"/>		<input type="checkbox"/>

CONTROL

Are there any existing control measures currently in place? Yes / No If Yes please detail:		
1) Set up heavy equipment with another person.	2) Use ladders for assistance – see risk assessment for ladders	3)
4)	5)	6)
7)	8)	9)

Are these existing measures adequate to control the risk?	Yes
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RECOMMENDED ACTION

If additional control measures are required to control the risk, please indicate whether these are Immediate or Subsequent Actions:

Recommended Immediate Actions

1)	2)	3)
4)	5)	6)
7)	8)	9)

Recommended Subsequent Actions

1)	2)	3)
4)	5)	6)
7)	8)	9)

What Monitoring Procedures are recommended?

E.g. Random observations of lifting techniques, regular eye / hearing tests.

1) Frequent observations of lifting techniques	2)	3)
4)	5)	6)
7)	8)	9)

Discussed with

Signature of Assessor _____

Signature of Supervisor / Manager _____

Review Date _____

Signature of Safety Officer _____