# Brentwood Borough Council

# Management of Health and Safety at Work Regulations1999

# **Risk Assessment Record Standard**

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| **WORK ACTIVITY** | **Compliance checks** |

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| **SERVICE** | **Parking Services** |

| **ASSESSORS NAME** | Parking manager | **ASSESSORS SIGNATURE** | Parking manager |
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| **DATE OF ASSESSMENT** | **05** | **11** | **2023** |  | **REVIEW DATE** | **05** | **11** | **2024** |

| *civil enforcement officers are* required to work in all weathers This will take place *throughout the* *Borough of Brentwood*.   * *The civil enforcement officers are required to wok outside in all weathers to undertake their duties.* * *This activity will be undertaken at all car park managed by Brentwood borough council* * *The activity involves driving a vehicle and walking around car parks* |
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|  | | **RISK ASSESSMENT RECORD (for single work activity)** | | | | | | | | |
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| **A** | **B** | | **C** | | | **D** | **E** | **F** | **G** | **H** |
| **Hazard**  (state the potential for harm)  arising from  activity / event | **Risk**  (Identify who may be harmed, how they may be harmed and how likely it is) | | **RISK R.A.G.**  **\*** | | | **Existing controls** (state current preventive and protective measures provided) | **State the additional control measures** now necessary to reduce risk to an acceptable level. | **State the person** responsible for completion | **Date** when control to be in place by | **Date** when control has been completed |
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| Trips and falls | Member of staff / public Fall over on glass head injury | | 1 | | | Self-awareness / health and safety training |  |  |  |  |
| Vehicle accident | Member of staff / public head injury, loss of consciousness, death | | 1 | | | Vehicle check list before commencing shift / regular vehicle servicing |  |  |  |  |
| Struck by a moving vehicle. | Member of staff, broken bones loss of consciousness , death | | 1 | | | Self-awareness, PPE, health, and safety training |  |  |  |  |
| Adverse weather | Member of staff, sun stroke , dehydration , Fatigue | | 1 | | | Health and safety training , extra breaks , PPE |  |  |  |  |
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| **\* RISK RATING RECORD: Red Amber Green (RAG): Insert the appropriate RAG shaded colour for the risk in each row.**   | **HIGH** | **MODERATE** | **LOW** | | --- | --- | --- | |
| Having completed the risk assessment record above, the risk rating must now be calculated for this activity as a whole. This enables risk assessors to determine which priorities (and there may be several) are deserved of action first. The tables below can be used as an aid to this process. **To prioritise the risks, multiply the values from each axis in the Risk Rating Calculation Table to produce a risk rating which can be prioritised using the Priority for Action table.** For more detailed explanations of hazard and risk scores go to the Health and [Safety Standard on Risk Assessment](http://bbc.secure.intranet/pdf/16092011155641u.pdf). |

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| **Risk Rating Calculation Table** | | | | | |  | **Priority for Action Table** | | |
| **Scores** | | **Consequence of Exposure (Hazard)** | | | |  | **High Risk +8** | **Moderate Risk 4-6** | **Low Risk 1-3** |
| **Minor**  **1** | **Moderate**  **2** | **Major**  **3** | **Fatality**  **4** | **Unacceptable and intolerable risks: Take Immediate Action: Amend activity design, methodology, equipment, etc. Do not start or continue work until relevant control measures are in place** | **May or may not be an intolerable risk. Introduce and make all efforts to control/reduce risk. Ensure control measures are in use and working** | **Risk may be negligible or acceptable but consider possible low or no-cost improvements and keep under review** |
| **Probability of Exposure (Risk)** | **Inevitable 4** | **4** | **8** | **12** | **16** |
| **More than likely 3** | **3** | **6** | **9** | **12** |
| **Less than likely 2** | **2** | **4** | **6** | **8** |
| **Unlikely 1** | **1** | **2** | **3** | **4** |

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| **Hazard (score 1-4)** | **Risk (score 1-4)** | **Risk Rating (1-16)** | **Priority (low, moderate, or high)** |
| 4 | 4 | 4 | **Low** |

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| **MANAGERS SIGNATURE** | **Parking manager** |  | **COMPLETION DATE** | **05** | **11** | **2023** |

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| **Is there a method statement to accompany this risk assessment** | **YES** |  | **NO** | **x** |

**Risk Assessment Induction Completed: (Line Manager to obtain signatories)**

I confirm I have read the associated risk assessment, (and if required, method statement), and have been briefed on any specific hazards and control measures prior to commencement of the activity.

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| **NAME (Print block capitals)** | **ROLE** | **SIGNATURE** | **DATE** |
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**Line Manager Name:**