

ARGYLL AND BUTE COUNCIL

INITIAL RISK ASSESSMENT FORM

1. Date of Assessment 17 May 2010

Ref No **K Rd/May 2010**

Section Roads Services

Department Development & Infrastructure

Task **No footway Auchamore Rd-Kilbride Bridge-Kilbride Rd. Property known as Longacre, Mr and Mrs K Kennday**

Frequency of Task	Annually	Monthly	Weekly	Daily	When Required	X
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Groups/Individuals Pedestrians No. of people directly involved Not known but >1

2. Potential/Hazards (Please tick) C = Controlled U = Uncontrolled N/A = Not Applicable

	C	U	N/A		C	U	N/A		C	U	N/A
1. Machinery/Plant			X	8. Handling/Lifting			X	15. Working at Height			X
2. Slip/Trip			X	9. Vehicle			X	16. Dangerous Substances			X
3. Ventilation			X	10. Fire/Explosion			X	17. Electricity			X
4. Noise/Vibration			X	11. Hygiene			X	18. Work Equipment /Tools			X
5. Lighting			X	12. Pressurised System			X	19. Temperature			X
6. Moving/Falling Objects			X	13. Visual Display Equipment			X	20. Weather/Environment		X	
7. Work Below Ground			X	14. Violence			X	21. Other (Please List)		X	

Other Hazards 21 Pedestrian/vehicle conflict due to lack of footway

Could an incident arising out of this task affect people not directly involved? Yes
Maximum Number >1

3. List the means of control e.g. Statutory, Departmental, Control etc.

No.	Control Method	Ref.

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4. List the items, which have no means of control or are not adequately controlled.

No.	Concerns	Ref*
20		f,11
21		D,2,3,4,5,7

* Reference: Select the alpha/numerical phrases, which best describes the probability of an accident occurring and the probable level of severity.

a) High Probability	c) Probable	e) Possible but unusual
b) Likely, only to be expected	d) Could Happen	f) Unlikely
1. Fatality	5. Arm/Leg Injury	9. Burn/Scald
2. Head Injury	6. Eye Injury	10. Electric Shock
3. Back Injury	7. Hand/Foot Injury	11. Illness
4. Chest Injury	8. Ear Injury	

5. List recommendations / comments, which you feel, may be helpful in resolving these concerns.

No.	Recommendations/Comments
20	Suitable clothing required, outwith Dept control. Low Risk
21	Appropriate signing to alert vehicle drivers and pedestrians to the shared road space. Medium Risk.

Name

Designation

This assessment must be completed, signed and a copy returned to: Logie Collins, Health and Safety Manager

Final Assessors Action	Safety Section Use Only	Final Assessors Remarks:-
Immediate Action		Original signed copies held at Head Office, Manse Brae, Lochgilphead.
Follow Up Action		
No Further Action		

Note: Where additional space is required to record any part of the assessment please attached a separate sheet identified with the Risk Assessment Form No.

PER/S/200

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INITIAL RISK ASSESSMENT

	A	B	C	D	E	F
1	H	H	H	H	M	L
2	H	H	H	M	M	L
3	H	H	H	M	M	L
4	H	H	H	M	M	L
5	H	H	H	M	L	L
6	H	H	H	M	L	L
7	H	H	H	M	L	L
8	H	H	H	M	L	L
9	H	H	H	M	L	L
10	H	H	H	M	L	L
11	H	H	H	M	L	L

H = HIGH RISK
M = MEDIUM RISK
L = LOW RISK

TO BE USED IN CONJUNCTION WITH THE INITIAL RISK ASSESSMENT FORM