## RISK ASSESSMENT FORM WEM TOWN COUNCIL

Use this form to record details of individual risk assessments. Use it with Management of Risk guidance. **Risk Assessment Reference Number:** Date of Assessment: Nov 2018 Date of Review: Task/Work Activity/Work Area Assessed: Maintenance of access road and cemetery grounds, Love Lane, Wem. People Involved in Making This Assessment: **Town Clerk** Signature: **General safety measures:** - Refer to **Risk Assessments** for using specific types of equipment when cutting grass and hedges. Operator must work safely on the premises: 1. Use the lone working system before going to the site. 2. Make sure the condition of the road, memorials and lawn surfaces are kept to a good standard and free from risks to their own and other people's health and safety. 3. Report any damage, defect, deterioration or hazard to the Town Clerk and make the area safe as quickly as possible. 4. Make sure you use a safe system of work and use the right PPE when either doing routine work or carrying memorial inspections or approved repair work. 5. Check the work area after a job is finished and make sure tools, materials, waste, etc. are cleared away 6. If a hazardous condition cannot fixed in a few hours put up warning signs to alert people of danger and cordon off the boundary around the dangerous area. 7. Carry your mobile phone with you make sure it has enough charge. Risk Rating scoring system: Level of Risk = Likelihood x Consequence/Severity 20 or 25 Unacceptable – Stop or activity until immediate improvements can be made. High. 10 to 16 Tolerable - needs improvement within a reasonable timescale, e.g. 1 to 3 months depending on the situation. Medium. Adequate but look to improve by next review 5 to 9 Low. Residual risk is acceptable and no further action will be needed if control measures are maintained. Very Low. 1 to 4 **Consequence/Severity** Score Likelihood Description Score Description Death/permanent disability to one or more people 5 Very likely / Almost certain Event is expected to occur in most circumstances 5 Catastrophic / Severe / Fatality Hospital admission needed, e.g. fracture 4 Likely Event will probably occur in most circumstances 4 Serious injury / ill health Medical treatment needed, over 7-day incapacity Fairly likely / Possible 3 Event could occur at some time 3 Moderate (over 7-day injury) First aid is needed 2 Unlikely Event is not likely to occur in normal circumstances 2 Minor injury / ill health Injury does not need first aid treatment 1 Very unlikely Event may occur only in exceptional circumstances 1 Insignificant / no injury

Persons Affected by the Activity	What Hazards Have Been Identified?	Control Measures Already in Place	Risk Level Low Medium High	Further Control Measures Needed	Action		Action
					Who	When	_ Closed
Employee Public	Injury because of a slip, trip or fall on the same level. Caused by uneven ground.	Routine visual check for worn or damaged road surface or kerbs. Visual check for ground settlement over recently filled graves. Fill in sunken ground and reseed bare soil. Report extent and degree of wear or damage on road surface to Town Clerk.	Low				
Employee Public	Injury caused by falling memorial headstone.	Formal inspection programme in operation to fulfil Wem TC Cemetery memorial safety policy. Visual inspection and stability tests undertaken by trained and competent person.	8 (2x4) Low				
		Memorial headstones assessed as high risk will be subject to one of the following actions. Make safe/repair/refix.					
		The immediate area around a dangerous headstone will be cordoned off.					
		Repair to a headstone will done to BS 1845 standard by a NAMM registered stonemason. Refix can be carried out by a minimum of 2 members of Town Council staff					
		Routine site checks or immediate response to reports of vandalism to headstones.					

Employee	Musculoskeletal Injury – when lifting, carrying or moving ground maintenance equipment	Employee has attended Manual H training. Employee will conduct a 'dynamic' ass for any moving and handling task, t hazardous manual handling and use m reduce risk of injury if the task cannot be	essment to avoid neans to	6 (2x3) Low			
Risk Assessment Review			Name	Date			
Comments:							
Next Date f							
Next Date	for Review						
I have read	the above risk assessmen	t and I am aware of the hazards s	stated ar	nd understand the cor	ntrol measures to be	used.	
Print Name: Signatu			Signatur	re:		Date	