



Midsomer Norton Town Council

Risk Assessment Form – Work Equipment

Activity: Work Equipment		Assessment Date: September 2024		Review Date: September 2025	
Hazard	Persons Affected and Risk	Controls	Risk Score	Further Controls	Risk Level
Use of Equipment	Employee/Operative Personal injury – Various injuries	<p>Selection and purchase of suitable equipment.</p> <p>Inventory of equipment maintained.</p> <p>Regular inspection by a competent person.</p> <p>Appropriate servicing and maintenance programme, with records kept.</p> <p>Guards installed and maintained.</p> <p>Training for operatives, with records kept.</p> <p>Written operating instructions where necessary.</p> <p>Only trained persons allowed to use the equipment.</p>	High	<p>Use of PPE provided such as gloves, goggles, and ear protection.</p> <p>Appropriate equipment provided.</p> <p>Safe System of Work.</p> <p>Young persons supervised.</p> <p>Implement a system for reporting and addressing equipment faults.</p> <p>Conduct regular safety audits and inspections.</p> <p>Introduce a buddy system for new employees to ensure they are supervised.</p> <p>Develop and distribute a safety manual specific to each piece of equipment.</p>	Medium

		<p>Young persons supervised.</p> <p>Ensure equipment only used for correct purposes.</p> <p>Emergency stop buttons provided where needed.</p> <p>Provision of adequate lighting.</p>			
Use of Mobile Equipment	<p>Employee/Operative</p> <p>General Public</p> <p>Personal injury – Various injuries</p>	<p>Only trained persons allowed to use the equipment.</p> <p>Young persons supervised.</p> <p>Roll-over protective structures (ROPS) provided for mobile equipment where there is a risk of toppling.</p>	High	<p>Use of PPE provided.</p> <p>Appropriate equipment provided.</p> <p>Safe System of Work.</p> <p>Ensure all operators have the appropriate licenses and training.</p> <p>Conduct pre-use checks to ensure equipment is in good working order.</p> <p>Schedule regular refresher training sessions for operators.</p> <p>Develop emergency response procedures for accidents involving mobile equipment.</p>	Medium
Assessor's signature:			Clerk's signature		
Date:			Date:		