

| 1. Persons Affected By The Activity <i>Select by clicking on check box.</i> | 2. What Hazards Have Been Identified? | 3. Control Measures Already In Place | 4. Further Control Measures Identified As Necessary | 5. Action On Measures Listed In Col. 4 | | 6. Work Completed. Date and signature |
|--|--|---|---|--|---------------------|--|
| | | | | Allocated to (Name) | Date for completion | |
| | <i>Chemicals used in the garden</i> | <i>Adopt environmentally sensitive approach to garden i.e. garden without the use of chemicals. If used, chemicals to be used in the proper manner and to be used and stored in accordance with health and safety legislation.</i> | | | | |
| | <i>Climbing - falling</i> | <i>Please do not climb any ladders unless you are a staff member supported by another adult.</i> | | | | |
| | <i>Lifting - injury m strain</i> | <i>Please do not to lift heavy objects or overfill wheelbarrows where in use.</i> | | | | |
| | <i>Tools - Injury, trips and falls</i> | <i>Please check that all tools are fit for purpose.</i> | | | | |
| | <i>Electric equipment e.g. lawn mowers, strimmers - risk of injury</i> | <i>Please do not use any electrical equipment unless it has a current PAT test and you have been shown how to use it. We would never use a chain saw. Protect yourself from electrocution by always using a residual current device (RCD) when operating electrically powered garden tools and mowers. Always keep hands away from the Blades. Do not use any electrical equipment if it rains or if the grass/plants are wet</i> | | | | |
| | <i>Weather considerations</i> | <i>Know your limits in the heat. If</i> | | | | |

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| | | <i>you're outside in hot weather for most of the day you'll need to make an effort to drink more fluids. Take breaks often. Wear a long-sleeved shirt, long trousers and a broad-brimmed hat. Apply broad-spectrum SPF sunscreen to unprotected skin. Please stop any activity if you experience breathlessness or muscle soreness.</i> | | | | |
| 7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor: Name: <i>A</i> Signature: Date: | | 8. Details Of Further Control Measures Required (Column 4) transferred to the Control Measures Action Record: * On Date: | | | | |
| | | 9. Risk Assessment Reviewed, Date and initials of Reviewer: | | | | |