

TASK DAY RISK ASSESSMENT FORM

Assessment date	XX/XX/XX	Location and Activity details:	XXXXXXXXX - Litter picking
Site Address/Area	XXXXXXXXXXXXXX		

Step One - Identify the activity and hazards

Consider the activity or work area and identify if any of the hazards listed below are significant (tick the boxes that apply).

1	EXTREME WEATHER CONDITIONS – (sun burn, hypothermia)	<input checked="" type="checkbox"/>	2	FALLING OBJECTS - (Cuts and bruises)	<input type="checkbox"/>	3	ELECTRICAL HAZARD OR EQUIPMENT - (shock or burn)	<input type="checkbox"/>	4	FLY TIPPED WASTE - (Including sharps and needles)	<input checked="" type="checkbox"/>	5	LONE WORKING (staffing visitor centre, kiosks)	<input type="checkbox"/>
6	MANUAL HANDLING - (lifting, carrying, pushing and pulling, sprain and strains)	<input checked="" type="checkbox"/>	7	USE OF HAZARDOUS SUBSTANCES - (cleaners, paint, fuel, oil, solvents irritation, sensitisation burns)	<input type="checkbox"/>	8	POWERED TOOLS AND EQUIPMENT - (cuts and grazes)	<input type="checkbox"/>	9	BURIED UTILITIES - (Gas/Water/Electricity,)	<input type="checkbox"/>	10	SPORTS COACHING	<input type="checkbox"/>
11	SLIPS, TRIPS & FALLS ON LEVEL - (uneven, wet or soft surfaces, fractures, cuts and bruises)	<input checked="" type="checkbox"/>	12	HAZARDOUS FUMES/DUST/CHEMICALS - (irritation, sensitisation burns)	<input type="checkbox"/>	13	HAND TOOLS AND EQUIPMENT - (cuts, grazes noise)	<input checked="" type="checkbox"/>	14	PEDESTRIANS - (members of the public including children and animals)	<input checked="" type="checkbox"/>	15	GUIDED NATURE WALKS	<input type="checkbox"/>
16	FALLS FROM HEIGHT - (fractures, cuts and bruises)	<input type="checkbox"/>	17	SHARPS & BIOLOGICAL - (glass, syringes, dog waste, insect bites, leptospirosis, psittacosis)	<input checked="" type="checkbox"/>	18	VIBRATING EQUIPMENT – (injury or illness through excessive exposure)	<input type="checkbox"/>	19	WELFARE FACILITIES	<input type="checkbox"/>	20	COVID-19.....	<input checked="" type="checkbox"/>
21	OVERHEAD HEAD STRIKES - tree branches etc. (cuts and grazes)	<input type="checkbox"/>	22	VEHICLES - Struck by vehicles, including bicycles, cuts, grazes, fractures)	<input checked="" type="checkbox"/>	23	FLYING DEBRIS WHEN USING POWER TOOLS - (cuts and eye injury)	<input type="checkbox"/>	24	STREAM AND POND CLEARING	<input type="checkbox"/>	25	OTHER.....	<input type="checkbox"/>

Step Two - Decide who might be harmed

Consider who might get hurt by those hazards and how. (tick the boxes that apply).

Volunteer(s)	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>	Visitor(s)	<input type="checkbox"/>	Other(s).....	<input type="checkbox"/>
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Step Three - Evaluate the risks and determine the controls required

Consider the control measures required to reduce the risk of the significant hazards (tick the boxes that apply).

1	Safety / sturdy footwear	<input checked="" type="checkbox"/>	2	Warm up exercises prior to work commencing	<input type="checkbox"/>	3	Task Leader Supervision	<input checked="" type="checkbox"/>	4	Inspection of tools and equipment prior to use	<input checked="" type="checkbox"/>	5	Access to welfare facilities	<input checked="" type="checkbox"/>
6	Gloves	<input checked="" type="checkbox"/>	7	High visibility work wear	<input checked="" type="checkbox"/>	8	Litter picker tools	<input checked="" type="checkbox"/>	9	First Aid provisions	<input checked="" type="checkbox"/>	10	Safety task talk prior to working	<input checked="" type="checkbox"/>
11	Barriers / cones /signage	<input type="checkbox"/>	12	Dust mask (minimum PF2)	<input checked="" type="checkbox"/>	13	Waterproof clothing	<input checked="" type="checkbox"/>	14	Double bagging of glass	<input checked="" type="checkbox"/>	15	DBS Check (criminal record check)	<input type="checkbox"/>
16	Demonstration in safe manual handling techniques and observation	<input checked="" type="checkbox"/>	17	Hard hat	<input type="checkbox"/>	18	Eye protection	<input checked="" type="checkbox"/>	19	Supply of water / drinks for rehydration	<input type="checkbox"/>	20	Cancellation	<input checked="" type="checkbox"/>
21	Two person operation or observing banks manwhen using power tools	<input type="checkbox"/>	22	Lone working communication	<input type="checkbox"/>	23	Hearing protection	<input type="checkbox"/>	24	Sun protection cream	<input type="checkbox"/>	25	Suitable "labelled" storage containers for fuels and oils	<input type="checkbox"/>
26	Syringes to be reported to SMBC and volunteers removed from the location	<input checked="" type="checkbox"/>	27	Low vibration equipment / work rotation	<input type="checkbox"/>	28	Long reach tools E.g. Pond clearing	<input type="checkbox"/>	29	OTHER.....	<input type="checkbox"/>	30	OTHER.....	<input type="checkbox"/>

Step Four - Record the findings and implement

List the hazard numbers, give a description and score the risks associated with no control measures, then list the control measure numbers, give a description and re-score.

Hazard / Activity Number	Hazard / Activity & consequences	Resulting Risk			Control Measure Number(s)	What else (if anything) do you need to do to control the risk further if it is still medium to high	Reduced risk		
		Severity score	Likelihood score	Overall Risk score			Severity score	Likelihood score	Overall Risk score
1	Occurrence of heavy rain	3	3	9	13, 20	If forecast gives extreme rain warnings, task day will be cancelled. Volunteers will be advised to wear waterproof clothing	1	3	3
4	Fly tipped waste	3	3	9	26	Do not handle report to SMBC via Task Leader	1	3	3
6	Manual handling	3	4	12	16	Only handle one bag at a time, two if light and only fill to manageable lifting levels.	2	3	6
11	Slips and falls on uneven, wet or soft surfaces	3	4	12	1, 13, 20	Waterproof clothing and strong footwear to be worn, and task day cancelled in event of extreme weather or very poor ground conditions	2	3	6
13	Use of litter pickers	2	3	6	3, 10, 17	Demonstration of use on day	2	3	6
14	Injuries caused to or from members of public, including children and animals	2	3	6	3, 7, 10	Safety talk with clear guidance and instruction on day with no lone working	2	3	6

17	Cuts, infections from glass, sharps, dog waste	3	3	9	1,3, 6,8,10, 14	Gloves and strong shoes to be worn and litter picker tools (plus double bagging of glass) to be used if needed. Safety talk to be given prior to start of task day. Do not handle needles inform SMBC 0161 474 5555 via Task Leader	3	2	6
20	Covid-19 Transmission/infection	4	3	12	3, 4, 5, 6, 10, 12, 18	In addition to the listed control measures, please see separate guidance notes and Covid-19 Risk assessment amendments.	2	3	6
22	Vehicles if working near roads or car parks	3	4	12		Safety talk with clear guidance and instruction on day with no lone working. No working on carriageways and high vis jackets if working near to carriageways	2	3	6

RISK RATING MATRIX

Severity						
Likelihood		Insignificant	Minor	Moderate	Major	Fatal

RISK LEVEL

	Impossible	1 Green	2 Green	3 Green	4 Green	5 Green	Risk rating	Risk level
	Unlikely	2 Green	4 Green	6 Green	8 Amber	10 Amber	1 – 6 green	Low
	Possible	3 Green	6 Green	9 Amber	12 Amber	15 Red	7 – 12 amber	Medium
	Likely	4 Green	8 Amber	12 Amber	16 Red	20 Red	13 – 25 red	High
	Almost certain	5 Green	10 Amber	15 Red	20 Red	25 Red		

Risk score and description

Risk score	Risk level	Category	Description
1 – 6	Low	Acceptable	No further actions needed.
7 – 12	Medium	Tolerable/Adequate	Ensure there is nothing else which could be done to reduce the risk further.
13 – 25	High	Unacceptable	Stop activity and make immediate improvements.

Step Five - Review and revise

Take a copy of the risk assessment with you on the task day and if your plan, or the situation, changes (for example you find that you can't achieve one of your controls) review and if necessary revise the assessment – and record those changes below.

Date of review	Name of Reviewer	Reason for review	Comments
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XX/XX/XXXX	XXXXXX XXXXXXXX		Annual Event

Task Leader declaration		
I confirm that this risk assessment is an accurate reflection of the risks and controls in place for the task day, which will be communicated to the volunteers as part of the task talk	Yes	
Name (print): XXXXX XXXXXXXX	Signature: XXXXXXX XXXXXXXX	Date: XX/XX/XXXX