

# Hako Machines LTD



**Clean ahead**

**Specific Risk Assessment-RA01:**

(For further information on completing this form see the separate instruction sheet)

Reference No: HRA200511b

**Hazard - Assessment:** [Subject being assessed e.g. Use of a machine, A work area, Cash handling, etc]

**Continuation of work during Covid 19 outbreak**

**Location / Work Area**

**Customers sites**

**Risks Identified** (e.g. Hazard / Oil spillage-Risk / Serious injury due to slips and falls).

Use your general risk assessments supplied, to assist you with the identification of your hazards.

**Contraction of Covid 19 virus resulting in time off work, Hospitalisation and risk of death**

**Persons at Risk** (enter a ✓ in the box of those affected)

Employees	x	Young Persons (Under 18 years /individual assessment)	
Contractors/Visitors	x	Pregnant Worker (individual assessment required)	
General Public	x	Others (e.g. Disabled Workers)	

**Existing Risk Controls** (e.g. Protective clothing, Training, Preventative maintenance, Guarding, Signage)

Employees have been instructed to adhere to social distancing at all times any areas where this will not be possible should not be entered

Employees have been provided with PPE including gloves and face masks

Employees have been provided with hand sanitiser

Employees must follow any guidelines and instructions given by the customers whilst on their sites including wearing any additional PPE mandated by the customer

Employees have been instructed to follow government guidelines on self-isolation should they show any symptoms of Covid 19

Wherever possible visits to sites will be checked to ensure that enquiries or problems cannot be resolved remotely using technology available

PPE is provided for all staff this includes Gloves and face masks

**TAKING INTO ACCOUNT THE EXISTING RISK CONTROLS.** Select from the table below the likelihood of harm and the severity of the harm. (Enter a ✓ in the relevant boxes)

Likelihood of Harm/Injury	Highly Likely	3	Possible	2	x	Remote	1
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Severity of Harm/Injury	Fatality	5	Critical	4	x	Serious	3	Marginal	2	Minimal	1
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**LIKELIHOOD OF HARM / INJURY x SEVERITY OF HARM / INJURY = RISK RATING**

**Risk Rating** (enter a ✓ in the relevant box below)

2	x	4	=	8	Very High Risk 10+	Medium Risk 5-9	x	Low Risk 1-4
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Now you have established the risk level consider how frequently is the risk is likely to arise (enter a ✓ in the relevant box below)

<b>Continual</b>	<input type="checkbox"/>	<b>Frequent</b>	<input checked="" type="checkbox"/>	<b>Minimal</b>	<input type="checkbox"/>
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Now you have completed your initial assessment answer the question below:-

<b>Do you consider the risk controls adequate?</b>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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**Is there any reference to additional assessments (e.g. CoSHH and manual handling)**

Risk Assessment:	Ref No:	Risk Assessment:	Ref No:	Risk Assessment:	Ref No:

**What further ACTION is required to reduce the risk**

The Covid 19 situation is being constantly monitored and changes will be made to the risk assessment to accommodate any changes in government and industry guidelines or legislation

Action to be implemented by:	Target Date:	Completed Date:

Initial assessment completed by:	Name:	Signature:	Date:
	Adam Bennett		11/05/2020

Assessment review:	Date of first review:

Assessment review completed by:	Name:	Signature:	Date:
<b>Reason for review:</b>	Annual Review: <input type="checkbox"/>	Changes: <input type="checkbox"/>	Accident/Incident: <input type="checkbox"/>
<b>Comments:</b>			

Assessment review completed by:	Name:	Signature:	Date:
<b>Reason for review:</b>	Annual Review: <input type="checkbox"/>	Changes: <input type="checkbox"/>	Accident/Incident: <input type="checkbox"/>
<b>Comments:</b>			

Assessment review completed by:	Name:	Signature:	Date:
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Assessment review completed by:	Name:	Signature:	Date:
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Reason for review:	Annual Review:	Changes:	Accident/Incident:
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Comments: