**General Risk Assessment Form**



| **Date:** (1) | **Assessed by:** (2) | **Checked / Validated\* by:** (3) | **Location:** (4) | **Assessment ref no:** (5) | **Review date:** (6) |
| --- | --- | --- | --- | --- | --- |
| **Task / premises:** (7)The use of hand held tools |

| **Activity** (8) | **Hazard** (9) | **Who might be harmed and how** (10) | **Existing measures to control risk** (11) | **Risk rating** (12) | **Result** (13) |
| --- | --- | --- | --- | --- | --- |
| Use and storage of hand tools.  | Splinters of wood or metal.Entanglement of loose clothing, tattered overalls or dangling neckties.Tripping, slipping or falling due to poor cluttered or cramped workspaces, or slippery and obstructed floors.Workbenches, either fixed or of portable design, being of incorrect height, leading to incorrect posture while using hand tools to work on materials placed upon them.Heat, dusts and fumes, from the material being worked on.Noise, vibration, Hand/Arm Vibration Syndrome (HAVS)Carpal Tunnel Syndrome Split or loose shafts or handlesmushroom or burred heads of cold chisels and bolsters, etc.Handles not fitted to filessplashes from brushesblunt blades (knives, screwdrivers and hoes, etc.)Incorrect grip of toolsUsing tools at height | User and others in the vicinity | Select the correct hand tool for the task. Use suitable size tools for the job (e.g. correct spanner or screwdriver for bolt, nut or screw head). The tool should fit the users and not the other way round, there are a range of different size tools. Use of ‘open bladed’ tools, e.g. scalpels is avoided if possible or substituted e.g. Scissors. All tools should be inspected before use. Any defective tools should not be used and dispose of. Use specialist tools instead of open bladed knives (e.g. cable strippers)Ensure the work bench is tidy and there is suitable floor space to use the tool safely. Ensure the works bench is study, cannot move during operation of tool and is of the correct height for the task. Tools are not placed too close to the edge of a workstation to avoid falling off onto legs and feet.Ensure tools are in good condition and sharp. Store tools correctly and safely away after use. Cutting tools should never be unattended.Remove jewellery and ensure hair is tied up. Do not wear loose clothing.Wear appropriate PPE, safety glasses EN 166, cut resistant gloves to steel toe cap shoes may also be required. If heat can be generated, ensure ignition sources are kept at a suitable distance. Ensure sufficient training to use the hand tool in a safe and proper manner has occurred. Include the risks/controls of the equipment/material being used with the tool here (e.g. electrical, hazardous material etc.)If fumes, heat or dusts can be generated consider appropriate PPE and use of local exhaust ventilation.Vacuum dust, do not sweep as this will increase the risk of airborne particulates, wash down surfaces and hands after use.Dispose of blades etc. in sharps bin, do not fill sharps bin past line. Dispose of sharps bin in clinical waste bin in …..Grip the tool correctly and do not grip too tightly. Consider the time and duration of use. Take regular breaks and consider job rotation is a frequent.First aid box is located in ….. First aider information is in all high risk areas. Out of hours all security personnel are trained first aiders call 69966.Contact School safety advisor if work related ill-health occurs.  | Medium | A |

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| **Action plan** (14) |
| **Ref No** | **Further action required** | **Action by whom** | **Action by when** | **Done** |
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| **Authorisation by PI/ Line Manager****I confirm that I have considered and understand the experiment and the associated hazards. I am satisfied that all of the hazards have been identified and that the control measures to be followed will reduce the risks to acceptable levels.** **Print name: Signed:****Date:** |

**Declaration by researcher**

**I confirm that I have read this Risk Assessment and that I understand the hazards and risks involved and will follow all of the safety procedures stated.**

**Declaration by PI/Line Manager**

**I confirm that the researcher who has signed below is competent to undertake the work. My counter-signature indicates that I am happy for the work to proceed.**

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| **Name (please print)** | **Signed** | **PI/Line manager countersignature** | **Date** |
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