## Risk assessment for : Malc Firth Landscapes Limited



Risk assessment name	Use Of Hand Tools	Assessment type	General
Assessor name	Peter Swain	Affected site(s)	Malc Firth Landscapes Limited (PE20 2HY)
Assessment date	02/10/23	Review period	Annually
Approved by		Review date	01/10/24
Approved date		Reference	Mal1959099

## Description

This Risk Assessment is an example only and must be reviewed/amended to suit your own business practices and working environment.

Hazard	Who could be harmed and how?	Existing controls	Risk rating (L x S)
<u>^i</u>	All staff, Contractors  How? Cuts and Bruises	Provisions of Written Safe Systems of Work  Provisions of Written Safe Systems of Work  Reporting Procedures Followed Reporting Procedures Followed	1 x 3
Faulty tools Injury sustained through faulty tools		Routine Safety Checks Undertaken Routine Safety Checks Undertaken  Routine Safety Checks Undertaken	Low
	All staff, Contractors  How? Cuts and Burns	Clean tools after use  Prestart Checks Undertaken  Prestart Checks Undertaken	1 x 3
Hand Tools Miss use of hand tools and poorly maintained hand tools		Training  Adequate information, instruction and training is given to employees involved in asbestos work.	Low

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Hazard	Who could be harmed and how?	Existing controls	Risk rating (L x S)
Horseplay and Skylarking Over exuberant behaviour at inappropriate times or situations.	All staff, Contractors  How? Injury	Reporting Procedures Followed Reporting Procedures Followed  Suitable Disciplinary Procedures	1 x 3 3
Particles from tools Activity may cause residue/debris that could make contact or be inhaled, causing further health issues.	All staff, Contractors, visitors  How? Cuts	Eye protection worn Appropriate eye protection is worn at all times when operating the machine  Provisions of Written Safe Systems of Work Provisions of Written Safe Systems of Work	1 x 3 3 Low
Sharp objects Inappropriate use and storage of	All staff, Contractors  How? Serious cuts	Gloves should be worn  Provisions of Written Safe Systems of Work  Provisions of Written Safe Systems of Work	1 x 3
			Low

## Further control measures

None required

Assessor's signature: Peter Swain Approved by signature:

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