



**Risk Assessment**

**Location: VARIOUS SITES** **Risk Assessment: Trailer Maintenance**

**Code: EMP- Employee Con- Contractor Pub- Public Vis- Visitor**

Persons at Risk	EMP	CON	PUB	VIS	Assessed by	C CARD
	Yes	Yes	No	Yes	Date of Assessment	1.05.25
					RA Review Date	01.05.26

		Severity				
		1	2	3	4	5
Likelihood	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Hazard	Risk Effect	Likelihood	Severity	Risk	Minimise Risk By (control Measures)	Likelihood	Severity	Residual Risk
Electricity Tools and Equipment, Power Tools	Serious injury, Cuts, burns, Death	3	5	15	Disconnect mains plug from electrical outlet Inspection of equipment Maintenance of equipment Wear correct PPE Wear protective gloves Inspection prior to use and PAT testing	2	5	10
1. Carry Out Safety Inspection Including Jacking up Axles	Trapping of Toes	1	2	2	Steel Toe Cap Shoes Worn	1	1	1
2. Carry Out Safety Inspection Including Jacking up Axles	Pinching Fingers	1	2	2	Protective Gloves	1	1	1
3. Carry Out Safety Inspection Including Jacking up Axles	Banging Head On Axles etc	1	2	2	Hard Hats to be worn	1	1	1



4. Carry Out Safety Inspection on site	Other Site Contractors / Staff	1	2	2	Area To Be Cleared Of Any Personnel <u>Not</u> Required To Complete Work	1	1	1
Company Vehicle On Site	Been Hit By Other Vehicles	1	2	2	Vehicle Fitted with Beacons And Flashing Warning Lights	1	1	1
At Times Working At Night	Not Been Seen By Moving Vehicles Around Depot	1	2	2	High Viz Clothing To Be Worn At All Times	1	1	1
Replacing Trailer Brake Chambers	Not Been Seen By Moving Vehicles Around Depot	1	2	2	High Viz Clothing To Be Worn At All Times	1	1	1
Replacing Trailer Brake Chambers	Pinching Fingers	1	2	2	PPE TO BE WORN AT ALL TIMES	1	1	1
Replacing Trailer Brake Chambers	Moving Vehicles	1	2	2	Safe work area required	1	1	1
Replacing Trailer Brake Chambers	Banging Head On Axles etc	1	2	2	Hard Hats to be worn	1	1	1
Working at height	Fall injury, minor injury, major injury	3	4	12	Working at heights permit PPE Safe Systems of work Competent person supervision	2	4	8
Floor-level obstacle	Slip, trip fall injuries, minor injuries, major injuries	3	4	12	Good Housekeeping Controlled access Inspection of Work area	2	4	8
Use of Ladders	Fall injury, minor injury, major injury	3	4	12	Step ladder work working at height equipment Inspection of Ladders before use Training-safe systems of work Supervision PPE	2	4	8
Irritant / Harmful substance material chemical skin eyes splash	Flammable Hazardous if inhaled Skin irritation Toxic if swallowed or inhaled.	3	4	12	Wear eye protection MSDS & Chemical Assessment Wear protective gloves Follow instructions and safe systems of work	2	3	6



Sharp element	Cuts, minor injury, major injury	3	3	9	Wear protective gloves. Assess area of work on trailer.	2	3	6
Hand Tools	Cuts, minor injury, major injury	3	3	9	Inspection of Tools Maintenance of tools Wear protective gloves, correct PPE	2	3	6

**SPECIFIC RISK ASSESSMENT: RISK RATING (RR) = Likelihood (L) x Severity (S)**

**1 to 4= Low Risk**  
**5 to 9= Medium Risk**  
**10 to 15 Medium to High Risk**  
**16 and over= High Risk**

<b>Likelihood</b>	<b>5=Certain</b>	<b>4=likely to happen/not unusual</b>	<b>3=Likely to happen not unexpected</b>	<b>2=Unlikely to happen</b>	<b>1=Very unlikely to happen</b>
<b>Severity</b>	<b>1= No Injury</b>	<b>2= Minor injury less than 3 days</b>	<b>3=Over 7 days</b>	<b>4=Major long term</b>	<b>5=Fatal injury</b>

This risk assessment above must be reviewed annually to ensure that all significant hazards and their risks are identified and controlled.

**ADDITIONAL INFORMATION TO BE ASSESSED AND COMPLETED IF REQUIRED.**

COSHH Assessment	Noise Assessment	PPE Assessment	Manual Handling Assessment	Training Requirements	HAVS Assessment	Other Information Emergency Plans etc.
NA	✓	✓	✓	✓	✓	✓

<b>Site Specific Risk Assessment Approved by</b>		<b>Circulation of Risk Assessment:</b>
Name: C CARD	Date: 1.5.25	Risk assessment to be circulated to those persons undertaking the task. Form for having read and understood the risk assessment must be signed by those involved in the work to state that they have read and understood the contents.
Signature: Chris Card	Date: 1.5.26	



