



Risk Assessment

Location: Omega Building

Risk Assessment: Forklift

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																																																																					
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Hazard	Risk Effect	Likelihood	Severity	Risk	Minimise Risk By (control Measures)	Likelihood	Severity	Residual Risk																																																																			
FLT Collision with people Driver unaware of surrounding area	Serious injury, Cuts, burns, Death	5	4	15	Banksman used for high - risk operations Reverse bleeper fitted Adhere to site speed limits Correct signage and notices informing people of vehicle movements Horn sounded when operation in tight areas	2	5	10																																																																			
Load falling off FLT INSECURE LOAD POOR STACKING OF THE LOAD CAUSE BY INCORRECT STACKING	Fatality, Crush ,Injury Damage to property infrastructure	5	4	10	Make driver aware of load capacity Check load is correctly distributed before moving	3	3	8																																																																			
Loading and Unloading of Trailers	Damage to site vehicles, equipment or structures, fractures, cuts abrasions	5	4	15	Ensure trailer is parked on level ground Check surrounding area is clear of people whilst loading and unloading trailer If other HGV are in close proximity use a banksman	3	3	10																																																																			



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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

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

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	✓	✓	✓	✓	✓	✓

Site Specific Risk Assessment Approved by		Circulation of Risk Assessment:
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: 1.5.25	

