

Volunteer Sign In and On Site Risk Assessment

This form should be completed for low risk activities only. Where there are significant risks identified a task specific risk assessment is required.

This form should be completed by the person leading the task.

Task Details: Please state the type of task and the location		Date:
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Indicate by circling the number, which of the hazards listed below are applicable, then give details of the control measures in place.

Lone Working	1	Noise	5	Overhead/ underground services	9	Danger from-livestock or animals	13	Dust & airborne particles	17
Working near the waters edge	2	Using power tools/HAVS	6	Biological hazards leptospirosis, Lyme disease, plants	10	Access/Egress Issues	14	PPE	18
Manual handling	3	Hazardous waste or substance	7	Slip trip fall	11	Welfare facilities	15	Any significant risk e.g. working near roads, working at height etc. – see task specific risk assessment.	
Working near general public	4	Weather conditions	8	Sharps	12	First aid provision	16		

Hazard No	Control Measures (use separate sheet if necessary)	Hazard No	Control Measures (use separate sheet if necessary)

circle the personal protective equipment (below) you will be using to carry out this task below:

Safety Boots	Ear defenders	gloves	Protective overalls
Eye protection	Respiratory protection	Waders/wellingtons	Buoyancy aid/ life jacket

Please enter any **near miss** details and recommendations below

Please state the location of the incident

Please enter brief detail of any **safety talks** you have had below

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|------------------|--------------------------|-------------------------------|--------------------------|----------------------|--------------------------|----------------------------------|--------------------------|
| Sharps & needles | <input type="checkbox"/> | Nesting birds | <input type="checkbox"/> | Slips, trips & falls | <input type="checkbox"/> | Threatening/aggressive behaviour | <input type="checkbox"/> |
| Leptosirosi | <input type="checkbox"/> | Handling, lifting or carryin | <input type="checkbox"/> | Safe working | <input type="checkbox"/> | Injury from machinery | <input type="checkbox"/> |
| Lone working | <input type="checkbox"/> | Personal Protective Equipment | <input type="checkbox"/> | Falls from height | <input type="checkbox"/> | Other | <input type="checkbox"/> |

HAVS points

Name of Volunteer	Name of Volunteer	Name of Volunteer	Name of Volunteer
Number of points in day:			

Outputs / Feedback

Completed by	Date:
Reviewed by (Line Manager):	Date: