


# Health and Safety Risk Assessment

Priority TM Ltd Form A023

<b>Customer Name &amp;</b>		<b>Date</b>	
<b>Site Contact</b>		<b>Time</b>	
<b>Site Location</b>			
<b>Activity</b>	<i>Traffic Management Installations</i>		
<b>Persons Exposed</b>	<i>Public &amp; Other workers</i>		
<b>Risk Ass / ID No</b>			



**PRIORITY**  
TM Ltd

Hazard	Severity		
	Low	Med	High
Vehicle Collisions caused by:	2	5	15
a) Unexpected Standing / slow moving vehicles / pedestrians			
b) Variable approach / reaction speeds			
c) High traffic speeds / volume			
Pedestrian injury / death caused by:	2	5	15
a) Collision with passing traffic			
b) Collision with site traffic			
Environmental issues:	1	4	9

Variations	Severity

**Risk Score Total**

17

Control Measures	Achieved	Risk
Installation crews are trained to the correct level, wearing PPE, Using the correct vehicle fitted with a 360* beacons	1	10
Comply with Chap8 Signing & Guarding to ensure safe working zones are established & provide safe vehicle & pedestrians access / movement from & around the work area	1	10
Consult checklist / drawing and comply with information or advice given	1	10

<b>Operative Name</b>	
<b>Operative Signature</b>	

**Risk Table**

<b>20 &gt; 25</b>	<b>DANGER</b>	<b>Stop work and Improve Controls</b>
<b>9 &gt; 19</b>	<b>TOLERABLE</b>	<b>Maintain existing controls</b>
<b>1 &gt; 8</b>	<b>ACCEPTABLE</b>	<b>No further action</b>

**Other Staff / Persons Briefed on Risk Assessment**

Name	
Name	
Name	
Name	

Signature	
Signature	
Signature	
Signature	