HIGHFIELD SOUTHAMPTON

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ny person using the "Power Tool" such as Chainsaw, Hedge Trimmer, Strimmer, Mower, Drill	Damage to Garden Tools				
	Who is at risk, and how might they be harmed?				
ny person / animal walking by or observing	Any person using the "Power Tool" such as Chainsaw, Hedge Trimmer, Strimmer, Mower, Drill				
	Any person / animal walking by or observing				

HIGHFIELD SOUTHAMPTON

Generic Controls:

No use of electric powered or petrol powered tools and the person has appropriate training /experience / equipment and PPE (Personal Protective Equipment)

Persons to read the Power Tools safety manual and to adhere to safety guidelines.

Persons to undertake using their Power Tools at their own risk and should ensure the Power Tool has been safely maintained in good working order.

Add any additional local controls here:

No person under the age of 18 should be using a Power Tool for Estate purposes.

Any persons doing gardening tasks to adhere to road safety laws.

Persons to supply their own clothing and PPE to protect them from the hazards listed.

Persons to stop work and seek support if unclear on how to deal with a potentially hazardous situation or abusive behaviour

Any persons deemed unsuitable to garden due to failure to prevent the risks will be asked to cease working by the Grounds Manager.

Persons using the Power Tool or the Grounds Manager to inform residents, as necessary, when a Power Tool is being used nearby to their residence. Both for safety and noise consideration.

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Specific hazards and associated potential harm	What are we currently doing locally to control the risk	What more do we need to do	Who will do it and whe
Injury to the user	 No use of powered tools either petrol or electric unless person has experience. This is done at entirely at persons own risk. (Hedge trimmers, saws, chainsaws, etc of these types of tools will <u>NOT</u> be under regular tasks by gardeners) 	 Communicate to the persons involved and give them a copy of the Risk Assessment. Verbal, email or written acknowledge from the gardeners that they understand the risks and will do all they can to prevent them. 	Responsibility of User
	•	 Persons to avoid gardening in inclement weather such as rain, wind, or storms. Reading of Risk Assessment by Person Volunteering 	
one Working Potential Harm is LOW 	 Recommend that persons notify either a personal household member or UEHA committee member or friend/ neighbour of the possibility of lone working No headphones to be worn unless sounds like traffic / people approaching can be heard. Persons to be always aware of their surroundings. No lone working to be done at night. 	 When only one person gardening, they will have a "buddy" for communication. The buddy may be a relative, friend, volunteer, work associate or person on the estate that they can communicate their hours of work with. 	

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Visibility - Not being seen whilst working • Potential Harm is LOW	 Recommend High Visibility clothing to be worn when working near or on roads especially in the winter / when lighting poor. Persons to be always aware of their surroundings. No tasks to be done at night. 	
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HIGHFIELD SOUTHAMPTON

SUMMARY of ASSESSMENT				
Name of the person who completed this risk assessment	Peta Bateman			
Risk assessor's signature				
Date of this assessment	04/11/2022			
Expected review date of the risk assessment All risk assessments must be reviewed annually or in the event of any significant change, including local or national guidance.	30/01/2023			
Who will lead on the action plan? A copy of the action plan can be kept with the risk assessment in the local H&S file (electronically and/or paper) Grounds Manager and Committee			
Target date/s for completion of actions (Items in the "what more do we need to do?" column)	April 2023			
How will the findings of this risk assessment be communicated to those at risk?	On website / electronically to persons doing the activities			
Which person/manager will communicate the assessment, action plan and controls required?				
Senior/Line Manager's signature				
	Date: Name:			
	Date: Name:			
Dates of subsequent reviews of this assessment and name of reviewer	Date: Name:			
	Date: Name:			

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