

Hazard Identification & Risk Rating Assessment

Risk Rating Assessment No.	MR09006	Site	All Locations
Hazard ID No.	H09006	Plant / Equipment / Process	Vehicles
Process / Activity	Driving Company Vehicles	Date	08/07/2018

Hazard Category -select the most appropriate categories for the hazards you have identified

Mechanical	<input checked="" type="checkbox"/>	Noise	<input type="checkbox"/>	Slips/Trips/Falls	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>
Electrical	<input checked="" type="checkbox"/>	Vibration	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Collapse of structure	<input type="checkbox"/>
Hazardous Substances	<input checked="" type="checkbox"/>	Fire / Explosion	<input checked="" type="checkbox"/>	Falling objects	<input type="checkbox"/>	Housekeeping / Cleaning	<input type="checkbox"/>
Adverse Weather	<input checked="" type="checkbox"/>	Mechanical Lifting	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Use of vehicles	<input checked="" type="checkbox"/>
Compressed Air	<input type="checkbox"/>	Equipment Failure	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Extreme Temperature	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	Heights	<input type="checkbox"/>	Human Error	<input checked="" type="checkbox"/>
Lighting	<input type="checkbox"/>	Pressure	<input type="checkbox"/>	Water	<input type="checkbox"/>	Use of Work Equipment	<input type="checkbox"/>

Other - please describe Driving whilst under the influence of alcohol, medication or drugs

Process/Activity

Briefly describe the hazard and concern you have identified.

To allow The Durham Company Ltd to carry out their activities, driving is a major part of the day to day workings, from collection waste materials from customers. Vehicles also act as an advertisement for The Durham Company, so they must be driven courteously and in accordance to Road Traffic Legislation and the Highway Code. All vehicles must be regularly maintained and when parked at customers sites, all care must be taken to ensure the parked vehicle does not cause an obstruction or a danger when reversing.

Persons at risk - Identify the persons at risk from this hazard (tick all boxes that apply)

All Workers	<input checked="" type="checkbox"/>	Inexperienced Staff	<input checked="" type="checkbox"/>	Maintenance Staff	<input checked="" type="checkbox"/>	Outdoor Workers	<input checked="" type="checkbox"/>
Visitors	<input checked="" type="checkbox"/>	Customers	<input checked="" type="checkbox"/>	Lone Workers	<input checked="" type="checkbox"/>	Member of the Public	<input checked="" type="checkbox"/>
Pregnant Woman	<input checked="" type="checkbox"/>	Contractors	<input checked="" type="checkbox"/>	Machine Operators	<input type="checkbox"/>	Office Staff	<input checked="" type="checkbox"/>
Staff with Disabilities	<input checked="" type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="text"/>			

Current Control Measures

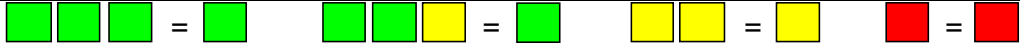
Regular inspections of vehicles and defects rectified without delay
 All drivers licences checked for validity and convictions
 No mobiles phones are to be used whilst driving
 Vehicles MOT and serviced in accordance to manufacturers requirements
 Extra care taken when on site especially when reversing; always use reversing assistant
 Lights, water, oil, tyres, windscreen wipers and washer checked weekly
 Any driver taking and medication, or believed to be under the influence of alcohol or drugs are banned from driving and sent home.

Are Current Controls effective? Yes No

Complies with general legislative requirements Yes No Assess Risk No Automatic 'A' Rating

Formula for assessing risk rating (Taking into account current control measures)
 Frequency - Severity - Probability = Rating

Frequency - How often is the hazard present?	Severity - What is the possible worst outcome?	Probability - How likely is it that injury will be caused?	Overall Risk Rating
Less than 1 per year 1	No Injury or illness 1	Zero to very low 1	<input type="checkbox"/>
2-3 times per year 2	First Aid injury or illness 2	Very Unlikely 2	High 320-1000 <input checked="" type="checkbox"/>
Monthly 4	Minor injury or illness 4	Unlikely 4	Medium 80-320 <input checked="" type="checkbox"/>
Weekly 6	>3 day injury or illness 6	Likely 6	Low 0-80 <input type="checkbox"/>
Daily 8	Major injury or illness 8	Very Likely 8	
Constant / hourly 10	Fatal or disabling injury 10	Almost Certain 10	



Assessed by: S de Grey