




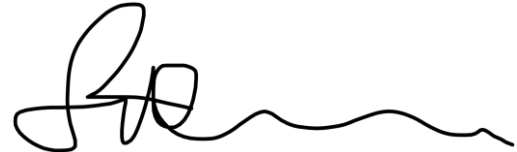
## Risk Assessment Form

<b>Establishment:</b> Dean Trail Volunteers		<b>Assessment Ref:</b> DTV 05	<b>Date:</b> 01 Aug 25
		<b>Assessment Type</b> <a href="#">tick as appropriate</a>	
		<b>Specific</b> <input checked="" type="checkbox"/>	<b>Generic</b> <input type="checkbox"/>
<b>Activity/Process:</b> Refueling Equipment		<b>Who is at risk:</b>	
		<b>All staff:</b> <input checked="" type="checkbox"/>	
		<b>Operators and/or maintenance staff:</b> <input checked="" type="checkbox"/>	
		<b>Visitors, vulnerable groups, public, etc. :</b> <input checked="" type="checkbox"/>	
Ref	Hazard	Existing Control Measures	Significant Residual Risk Assessment Required
1	<b>Spillage/Explosion while filling</b>	<ul style="list-style-type: none"> <li>Handheld radios and mobile phones must be switched off.</li> <li>Staff trained in filling procedure.</li> <li>No naked lights nearby, and no one uses electric electronic equipment nearby.</li> <li>Bystanders must be challenged and kept away.</li> </ul>	No

		<ul style="list-style-type: none"> <li>Do not over-fill and always use filter funnel to channel petrol into tank.</li> </ul>	
2	<b>Exposure to petrol vapour</b>	<ul style="list-style-type: none"> <li>Filling must always take place outside the container.</li> <li>Cans inside fuel store to be securely closed.</li> <li>If petrol vapour smell is evident in store the door must be left open, the area around the store must be isolated, and a senior member of staff immediately advised.</li> </ul>	No
3	<b>Contamination of skin/clothes- Skin Irritation</b>	<ul style="list-style-type: none"> <li>PPE gloves must be worn when dispensing petrol.</li> <li>Wash hands with plenty of soap and water after finishing work at the fuel store or any time you get petrol or oil on your hands.</li> <li>Contaminated clothes should be thoroughly washed.</li> </ul>	No

Likelihood		Risk Matrix			
Common, regular or frequent occurrence.	3	3 Med	6 High	9 High	
Occasional occurrence.	2	2 Low	4 Med	6 High	
Rare or improbable occurrence.	1	1 Low	2 Low	3 Med	
Severity		1 Minor injury or illness.	2 Serious injury or illness.	3 Fatalities, major injury or illness.	

Hazard Ref	RISK Associated with Hazard ( type of incident, injury or ill health)	Risk Rating	Additional Controls Required

Assessor		Manager		Overall Risk Rating (highest risk)
Name:	Neil Wheeler	Name:	Ian Officer	
Signature:		Signature:		1
Post:	Health and Safety Member	Post:	Chairperson	

Manager Assessment Review				
Date:				Review frequency
Name/Signature:				Annually

