

## RISK ASSESSMENT – Litter Picking on the Highway

<b>Area of assessment:</b> <i>(Road numbers, name, section)</i>		<b>Owner of the highway:</b>	
<b>Map reference:</b>		<b>Works scheduled date &amp; time:</b>	

Highway Information				
Type	Classification	Speed limit	Static work?	<input type="checkbox"/> Traffic management required?
<input type="checkbox"/> Single carriageway <input type="checkbox"/> Dual carriageway <input type="checkbox"/> Slip road <input type="checkbox"/> Two-way traffic <input type="checkbox"/> Footpath <input type="checkbox"/> Roundabout / Islands	<input type="checkbox"/> A road <input type="checkbox"/> B road <input type="checkbox"/> Primary route <input type="checkbox"/> Rural road	<input type="checkbox"/> 20 mph <input type="checkbox"/> 30 mph <input type="checkbox"/> 40 mph <input type="checkbox"/> 50 mph <input type="checkbox"/> 60 mph <input type="checkbox"/> 70 mph	<input type="checkbox"/> Yes, up to 15 mins <input type="checkbox"/> Yes, longer than 15 mins <input type="checkbox"/> No, mobile works	Comments:

Work Information				
Task	Equipment	Vehicle requirements	PPE requirements	Comments:
<input type="checkbox"/> Litter picking	<input type="checkbox"/> Litter picker/hand tools <input type="checkbox"/> Caged vehicle	<input type="checkbox"/> Directional arrow <input type="checkbox"/> Single beacon <input type="checkbox"/> Double beacon <input type="checkbox"/> Bar light <input type="checkbox"/> Fully marked vehicle <input type="checkbox"/> Dust suppression	<input type="checkbox"/> High-vis long sleeve top & trousers <input type="checkbox"/> Hard hat <input type="checkbox"/> Boots steel toe-capped <input type="checkbox"/> Gloves <input type="checkbox"/> Safety glasses/goggles <input type="checkbox"/> Other:	

All operatives must have training to appropriate standard (state agreed standard) or be supervised by trained person.

This document must be used in conjunction with other route / task specific risk assessments.

Area of concern How & why?	Hazard (✓)	Initial risk rating	Control Measures	Residual Risk Rating	Control measures in place?
Visibility	<input type="checkbox"/> Good & Clear <input type="checkbox"/> Mainly clear <input type="checkbox"/> Poor visibility <input type="checkbox"/> Hills <input type="checkbox"/> Blind bends <input type="checkbox"/> Trees / foliage <input type="checkbox"/> Other .....	H / M / L	<input type="checkbox"/> Co-ordinated working with sight of others <input type="checkbox"/> No lone working <input type="checkbox"/> Provide TM (what type?) <input type="checkbox"/> Lane closure <input type="checkbox"/> Vegetation cut back <input type="checkbox"/> Work scheduled outside of peak traffic <input type="checkbox"/> Working against the flow of traffic <input type="checkbox"/> Working with the flow of traffic <input type="checkbox"/> Signage <input type="checkbox"/> Weather conditions reviewed prior to / during work <input type="checkbox"/> Other:	H / M / L	Yes / No
Safety zone	Is a Safety Zone available? <input type="checkbox"/> Yes – static work <input type="checkbox"/> No – mobile work <input type="checkbox"/> Other.....	H / M / L			
Safe Working Area	<input type="checkbox"/> None <input type="checkbox"/> Overgrown <input type="checkbox"/> Some areas overgrown <input type="checkbox"/> Limited work area <input type="checkbox"/> No safe access/egress to area <input type="checkbox"/> Hazardous waste present (needles, chemicals, asbestos) <input type="checkbox"/> Other	H / M / L			
Traffic	Traffic flow: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Peak time traffic? <input type="checkbox"/> Yes <input type="checkbox"/> No Traffic type: <input type="checkbox"/> Mainly HGV <input type="checkbox"/> Mainly cars <input type="checkbox"/> Bicycles <input type="checkbox"/> Varied	H / M / L	<input type="checkbox"/> Work only as per mapped / assessed area <input type="checkbox"/> Work scheduled to suit traffic level <input type="checkbox"/> Other:	H / M / L	Yes / No
Works Affecting the Public	<input type="checkbox"/> Blocked footpath <input type="checkbox"/> Residents cross working area to access / egress property <input type="checkbox"/> Adjacent to school / playground / amenities <input type="checkbox"/> Other:	H / M / L		H / M / L	Yes / No

Area of concern How & why?	Hazard (✓)	Initial risk rating	Control Measures	Residual Risk Rating	Control measures in place?
Exiting the Highway	Can the transport safely exit the highway? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state location:	H / M / L		H / M / L	Yes / No
Crossing the Highway	Are staff required to cross the highway? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state location:	H / M / L		H / M / L	Yes / No

Specify additional measures to reduce risk at this location.	How will this be supervised?
e.g. other risk assessments to be reviewed in conjunction	

Risk rating after applying control measures?																	
<input type="checkbox"/> High  <input type="checkbox"/> Medium  <input type="checkbox"/> Low	<p style="text-align: center;"><b>Likelihood</b></p> <table border="1"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <th>1</th> <td style="background-color: #00b050; color: white;">Low</td> <td style="background-color: #00b050; color: white;">Low</td> <td style="background-color: #ffc000; color: white;">Medium</td> </tr> <tr> <th>2</th> <td style="background-color: #00b050; color: white;">Low</td> <td style="background-color: #ffc000; color: white;">Medium</td> <td style="background-color: #ff0000; color: white;">High</td> </tr> <tr> <th>3</th> <td style="background-color: #ffc000; color: white;">Medium</td> <td style="background-color: #ff0000; color: white;">High</td> <td style="background-color: #ff0000; color: white;">High</td> </tr> </tbody> </table> <p style="text-align: center;"><b>Severity</b></p>		1	2	3	1	Low	Low	Medium	2	Low	Medium	High	3	Medium	High	High
	1	2	3														
1	Low	Low	Medium														
2	Low	Medium	High														
3	Medium	High	High														

<b>Assessment carried out by:</b>		<b>Date:</b>		<b>SSOW number:</b>	
<b>Workforce input from:</b>		<b>Date:</b>		<b>Review dates:</b>	