



WORKSHOP ACTIVITY RISK ASSESSMENT CHECKLIST

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| u3a name: Mansfield & District u3a | Date: |
| Name of person completing risk assessment checklist: | |
| Interest Group: | |
| Venue address: | |
| Description of Activity: | |

Where you identify a particular risk you should note the actions you will take to reduce the risk. It's important to carry out a risk assessment before the activity takes place, and you can always add to this during the activity.

| | Risk Assessment Checklist | Yes | No | N/A | If no, what actions will you take to mitigate this risk? |
|-----------------|--|-----|----|-----|--|
| Tool use | Are tools sharp and in good condition? (eg no damage, splitting of handles etc)? | | | | |
| | Are electric power tools Portable Appliance Tested (PAT)? | | | | |
| | Are electric power tools double insulated? | | | | |
| | Have you completed a visual inspection of leads and connections? | | | | |
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| Fixed Machinery | Are electrical connections & wiring in good condition? | | | | |
| | Is the equipment suitably earthed? | | | | |



| | Risk Assessment Checklist | Yes | No | N/A | If no, what actions will you take to mitigate this risk? |
|-------------------------------------|--|------------|-----------|------------|---|
| | Are there electrical isolation systems in place? | | | | |
| | Is there suitable extraction/ventilation in place where appropriate to the machine? | | | | |
| | Are appropriate guards fitted and in good condition? | | | | |
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| Personal Protective Equipment (PPE) | Do members have the following PPE (if required): a) Eye protection b) Hearing protection c) Dust mask d) Gloves e) Safety shoes | | | | |
| | Does the material require special precautions in use? (e.g., the wearing of PPE?) | | | | |
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| Workplace hazards | Are there clear safe systems of work and operation guidance posted for the machines, identifying the specific safety cut offs in place, or some instruction available to cover these issues? | | | | |
| | Are the floors free from trip hazards and escape routes clear? | | | | |
| | Are precautions in place to prevent or respond to fire? | | | | |
| | Does the activity require special precautions? Eg removal of jewellery, tying back long hair? | | | | |



| Other identified risks: | What will you do to mitigate these risks? |
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