  **Risk Assessment – Casual Trader**

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|  | **Date of assessment** | | **Date of review** |
|  |  | |  |
| **AREA / ACTIVITY**  **BEING ASSESSED** | | **Carmarthenshire Markets – Casual Trader** | |
| **Description of operations &/or scope of assessment:**     * **Activities,** * **Environment(s)** * **Equipment, substances &/or materials** | | **Risk Assessment.** | |
| **Address/Location where assessment conducted:** | | **Carmarthenshire Outdoor Market** | |

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| **Name of Risk Assessor(s)** | **Designation:** | **Signature(s) of Risk Assessor(s)** |
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  **Risk Assessment – Casual Trader**

Risk Matrix

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | Potential Consequences | | | | |
| Minor  Injuries or discomfort. No medical treatment or  measurable physical effects | Injuries or illness requiring medical treatment. Temporary  Impairment | Injuries or illness requiring hospital admission | injury or illness resulting in permanent impairment | Fatality |
| **Not Significant** | **Minor** | **Moderate** | **Major** | **Severe** |
| Likelihood | Expected to occur regularly under normal circumstances | Almost Certain | Medium | High | Very High | Very High | Very High |
| Expected to occur at some time | Likely | Medium | High | High | Very High | Very High |
| May occur at some time | Possible | Low | Medium | High | High | Very High |
| Not likely to occur in normal circumstances | Unlikely | Low | Low | Medium | Medium | High |
| Could happen but probably never will | Rare | Low | Low | Low | Low | Medium |

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| **Item index number** | **Identify Hazard (s)** | **Who/what is Likely to be harmed and how** | **Existing/Current**  **Control Measures** | **Risk rating –**  **Refer to the Risk Matrix** | **Further actions required to reduce**  **the risk (additional controls)** | **Residual risk(s) as**  **per matrix after**  **additional**  **controls** |
| 0. | Describe what may have the potential to cause  harm/damage: Examples  include    Work Activities  Equipment  Substances  Environnent  People    ***(Please Insert additional rows below if required)*** | Staff  Visitors Vehicles etc | What are you doing to prevent harm/damage? | Low/Medium/High | Are there additional measures you can implement to reduce  the risk further (as necessary) |  |
| 1. | *Example;*    *Equipment used for cooking* | *Staff, Visitors* | *Gas Safety*  *Certificate/Pat Test*  *Certificate*    *Equipment safely positioned* | *Low* | *Cooking Equipment kept away from the general public with the use of a barrier* | *Low* |
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