  **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*    |
| 2.  |  |   |   |   |   |   |

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| 3.  |  |   |   |   |   |    |
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| 5.  |  |   |   |   |   |   |
| 6.  |  |   |   |   |   |    |
| 7.  |  |   |   |   |   |   |
| 8.  |  |   |   |   |   |   |
| 9.  |  |   |   |   |   |    |
| 10.  |   |   |   |   |   |   |
| 11.  |   |   |   |   |   |   |
| 12.  |   |   |   |   |   |   |
| 13.  |   |   |   |   |   |   |