





| u3a Name: | Date: | |
|--|-------|--|
| Name of person completing risk assessment checklist: | | |
| Interest Group: | | |
| Description of Activity: | | |
| | | |

WORKSHOP ACTIVITY RISK ASSESSMENT CHECKLIST

This checklist is to help in the planning for a workshop activity such as woodworking. This isn't an exhaustive list, so think carefully about any specific risks you may encounter. It is likely that you will need to add to this risk assessment checklist. This form can (and should) be altered to suit specific activity requirements.

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 Applicance Tested (PAT)? | | | | |
| | Are electric power tools double insulated? | | | | |
| | Have you completed a visual inspection of leads and connections? | | | | |
| | 1 | 1 | | | |
| Fixed Machinery | Are electrical connections & wiring in good condition? | | | | |
| | Is the equipment suitably earthed? | | | | |





| | IIVE | | |
|--|--|--|------|
| | 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? | | |
| 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?) | | |
| 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? |
|-------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| u3a | Workshop activity risk assessment checklist | The Third Age Trust |
|---------|---|---------------------|
| Version | Description of changes | Date |
| 1.0 | Original checklist | 03/11/2022 |

