

TOPIC :	GENERAL RISKS: USE OF POWERED ACCESS EQUIPMENT (e.g. cherry pickers, scissor lifts etc.)					
Hazard	Risk	Who is at Risk	Suggested Control Measures	Measure taken (✓)	Measure needed (✓)	Risk Rating
Falling person	Injury / death		Guard rails around platforms. Fall-arrest harnesses may be required			
Falling object	Injury		Toe boards or mesh around platforms			
Overloading and collapse	Fall or being hit, injury / death		Loading limits known. Equipment operated by a competent, trained person			
Failure of equipment	Fall or being hit, injury / death		Equipment examined by a competent person (under a written scheme) and up-to-date records available			
Unstable ground	Fall or being hit, injury / death		Ground assessed, outriggers deployed and / or track or load spreading plates laid. Proximity to water avoided			
Contact with live electricity lines	Burns or electric shock		Area surveyed for electricity lines before setting up			
Moving machinery	Being trapped / injured		Guards around scissor mechanism or other moving machinery.			
Hit by vehicle	Fall or being hit, injury / death		Recce the site in advance. Protect by situation and control traffic			
			Fork lift trucks not used for personal access unless a properly designed and secured man-riding cage fitted			

GUIDANCE NOTES FOR :		GENERAL RISKS: USE OF POWERED ACCESS EQUIPMENT (e.g. cherry pickers, scissor lifts etc.)					
<ul style="list-style-type: none"> • Ask the equipment hirer for the most recent report on the thorough examination by a competent person (often the insurers) • Ask to see the log of daily / weekly checks by the operator • Check the named operator is trained • Take account of the height of workers on platforms—the height of the guard rails may have to be a minimum of 950mm to protect taller people • See guidance on Lifting Equipment and Working at Height on www.bbc-safety.co.uk 							
YOUR NOTES :							
Production (title)		Producer (name)		Tel. No.		Signature	
Site / Location / Department this assessment relates to		H & S Adviser		Tel. No.		Signature	
Date(s) or period assessment is for		Action to be taken by (name)					
Name of Assessor		Action to be completed by (date)					
Date of Assessment		Planned review date					