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| **Task / Operation Being Assessed:** | Carbon Monoxide  **NOTE!** This Risk Assessment is a template and therefore is not exhaustive. Please modify it to suit the arrangements you have in place. | | |
| **Company Name & Address:** |  | **Reference Number:** |  |
| **Name Of Person Undertaking the Assessment:** |  | **Signature:** |  |
| **Date Of Assessment:** |  | **Date Review Due By:** |  |

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| **Warning with solid fill** | **Scales of justice with solid fill** | **Group of men with solid fill** | **Shield Tick with solid fill** | **Scales of justice with solid fill** |
| **Significant Hazard**  Include Hazards Associated with The Work Here. | **Risk Rating (Before Controls)**  Severity X Likelihood | **Who May Be Harmed & How?**  List Here Employees, Workers and Others who May Be Harmed by The Activity, Including The Method of Harm. | **How Is the Risk Presently Controlled?**  Detail Here Your Present Control Measures, If Further Action Is Required, Include This at The End Of The Document. | **Risk Rating**  **(After Controls)**  Severity X Likelihood |
| **Fireplaces and woodburning stoves.**  Blocked chimneys and flues can cause a rapid build-up of dangerous carbon monoxide levels. | 15 | All Staff, Residents, service users, Visitors, Contractors, Operators, Student/Pupils.  Inhalation of carbon monoxide gas | Carbon monoxide gas (CO) detector fitted  Regular sweeping of chimneys   * Regular cleaning of chimneys and flues by competent contractor | 5 |
| **Gas appliances (boilers, heaters, oil burning heaters)**  Faulty gas boilers, oil burners and Heaters | 15 | All Staff, Residents, service users, Visitors, Contractors, Operators, Student/Pupils.  Risk of exposure to toxic levels of carbon monoxide causing symptoms such as headaches, dizziness, confusion, and loss of consciousness. | Both natural and local exhaust ventilation provided  Carbon monoxide gas (CO) detector fitted  Controlled entry to authorised persons only  Emergency gas supply shut off fitted  Emergency plan/procedures in place   * An emergency plan should outline the steps to be taken in the event of a carbon monoxide leak.   Gas appliances maintained and inspected  Local exhaust ventilation tested/examined  Only competent persons can carry out the task  Only Gas Safe engineers used to install, repair and maintain gas appliances/equipment  Only OFTEC registered engineers to repair and maintain oil burning appliances/equipment  Routine maintenance undertaken in accordance with manufacturer's requirements  Staff trained in intervention techniques   * Evacuation of those at risk, isolation of appliance, contacting emergency services. | 5 |
| **Portable Generators**  When used indoors generators can emit dangerous levels of carbon monoxide. Only generators specifically designed for indoor use should be used in line with manufacturers guidance | 15 | All Staff, Residents, service users, Visitors, Contractors, Operators, Student/Pupils.  Inhalation of carbon monoxide gas | Both natural and local exhaust ventilation provided  Carbon monoxide gas (CO) detector fitted  Gas appliances maintained and inspected  Lone working is avoided/kept to a minimum  Method statements (RAMS) read and understood  Only Gas Safe engineers used to install, repair and maintain gas appliances/equipment  Staff trained in intervention techniques  Evacuation of those at risk, isolation of appliance, contacting emergency services  Visual pre use inspection check | 5 |
| **Vehicle exhaust fumes**  Vehicles in enclosed garages/workshops | 15 | All Staff, Residents, service users, Visitors, Contractors, Operators, Student/Pupils.  Risk of ill health due to inhalation of exhaust and other toxic fumes (carbon monoxide) | Both natural and local exhaust ventilation provided  Carbon monoxide gas (CO) detector fitted  Local exhaust ventilation tested/examined | 5 |

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| **Assessing the Degree of Risk** | | | | | | | | | | | | | | | | | | | | | |
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| **Methodology & Explanation:** | | | | | | | | | | | | | | | | | | | | | |
| Risk ratings are calculated by considering the likelihood of an event occurring along with the severity of the potential consequence should an accident occur.  After considering existing control measures, values are assigned to the likelihood and severity from the scales below and these figures multiplied to establish the risk rating. | | | | | | | | | | | | | | | | | | | | | |
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|  | **Highly Unlikely** | | | | | | **Likely** | | | | | | **Highly Likely** | | | | | |  |
|  |  |  | 1 | |  |  |  |  | 5 | |  |  |  |  | 9 | |  |  |  |
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|  |  |  | 1 | |  |  |  |  | 5 | |  |  |  |  | 9 | |  |  |  |
|  | **Minor Injury / Harm** | | | | | | **Major Injury / Harm** | | | | | | **Fatality** | | | | | |  |
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| **Additional Controls:** | | | | |
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| **Warning with solid fill** | **Shield Tick with solid fill** | **User with solid fill** | **Flip calendar with solid fill** | **Scales of justice with solid fill** |
| **Hazard Requiring Additional Control** | **List What Further Action Is Necessary to Control the Risk To An Acceptable Level** | **Person Responsible** | **Date Completed** | **Adjusted Risk Rating**  Severity X Likelihood– Take into Account Your New Controls. |
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| **Assessment Completed By:** | **Assessment Approved By:** |

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| **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Date:** |  | **Date:** |  |

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| **Employee / Worker Acknowledgement:** |

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| By signing below, you confirm you have read and understood the contents of this assessment and agree to abide by the safe methods of working contained within it. | | | | | |
| **Name:** | **Date:** | **Signature:** | **Name:** | **Date:** | **Signature:** |
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