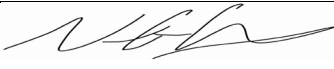
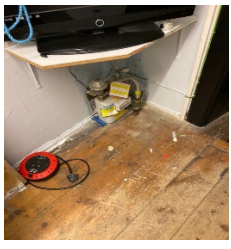


Risk Assessment

Gas Safety

| Business Name: | | Risk Assessor: | | Image: |
|--------------------------------|-----------|---|--|---|
| Minchinhampton Market House | Name | Neil James | | |
| | Job Title | Consultant – Envesca Ltd | | |
| | Date | 11 th October 2022 | | |
| | Signed |  | | |
| | | | |  |

| | |
|---|------------------------------|
| Location of Hazard / Area / Process / Equipment: | Use of gas through the site. |
|---|------------------------------|

| Activities: | How Harm Could Occur: | People Who Could be Harmed: | |
|-----------------------------|--|-----------------------------|-------------------------------------|
| Use of gas in the building. | <ul style="list-style-type: none"> Potential for a gas leak if equipment is not periodically checked and secure Explosion Inhalation of toxic fumes | Employees | <input checked="" type="checkbox"/> |
| | | Public / Customers | <input checked="" type="checkbox"/> |
| | | Contractors | <input checked="" type="checkbox"/> |

| Current Risk Rating (before controls are in place) | | | |
|--|--------------------------|--------|-------------------------------------|
| Low | <input type="checkbox"/> | Medium | <input type="checkbox"/> |
| | | High | <input checked="" type="checkbox"/> |

| Control Measures |
|--|
| <ul style="list-style-type: none"> Gas inspections are to be carried out annually by a qualified, competent person that is Gas Safety registered Staff should be trained to recognise and report any defects and know how to switch off the mains gas supply Ensure that emergency gas cut off is provided. Any problems are reported to the committee. Ensure that staff are trained to deal with emergencies. Consider providing protection around the meter in case of potential damage/leak. |

| Residual risk factor after measures taken | | | |
|---|-------------------------------------|--------|--------------------------|
| Low | <input checked="" type="checkbox"/> | Medium | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |

| Risk Assessment Owned / Managed by: | |
|-------------------------------------|--|
| Name | |
| Job Title | |
| Date | |
| Review date | |