

TEMPORARY ROAD CLOSURE APPLICATION – RISK ASSESSMENT

TRC Reference (Office Use):

Organisation Name		Date Prepared	
Address		Review Date	
Assessors Name			
Position		Tel / email	

Area / Event Being Assessed		Describe in more detail what goes on there:	
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Event Organiser's Declaration (Not to be Signed Off Until Risk assessment is Completed)

Signature of Assessor Name (printed) Date

Position Tel / email

ACCEPTANCE: The activity may continue, but any additional reasonably practicable control measures **identified that will further reduce the risk** will be implemented.

Signature of Manager Name (printed) Date

Department/Location Tel / email


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TRC Reference (Office Use):

INSERT PLAN FOR ROAD CLOSURE HERE – MUST SHOW STREET NAMES

**COPY AND PASTE THE TRAFFIC MANAGEMENT KEYS ONTO THE PLAN →
AND USE ARROWS TO SHOW POSITIONING**


**TRAFFIC MANAGEMENT PLAN
& KEY**

Steward wearing Hi-viz 

Traffic Warning Sign 

Direction indicator 

Point of Closure 

Road Cone in opposite Carriageway 

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STEP 1 – How can people get hurt? Use this list as a check and add other items, unique to your work area, if necessary. Step back and consider any other Hazards!

HAZARDS – Yes or No

						How Else Can People Get Hurt (specify below)
1. Electricity (including portable appliances)	No	8. Slipping, tripping, falling	No	15. Traffic (RTA, unauthorised traffic on route, traffic exiting from side roads)	Yes	
2. Flammable Materials	No	9. Transport (vehicles, etc)	Yes	16. Nuisance to public transport	?	
3. Food Hygiene	No	10. Violence (attack and public disorder)	Yes	17. Inclement weather	Yes	
4. Heights (including ladders, scaffolding)	No	11. Crowd Control (people and traffic congestion)	Yes	18. Roadworks	Yes	
5. Lifting Equipment	No	12. Welfare facilities	Yes			
6. Manual Handling (including placing signs and cones)	Yes	13. Fire (including on route or at place of assembly)	Yes			
7. Noise Exposure (including equipment, headphones)	No	14. Fire (including on route or at place of assembly)	Yes			

Groups at Particular Risk:

The presence of any of the following groups will affect the level of risk associated with the hazards you have identified above. Indicate all the groups relevant to this risk assessment.

Members of the Public Adults and Children (inc unauthorised access)	Yes	Contractors / Sub-contractors / Staff from Other Departments	No
Pregnant Women and Nursing Mothers	Poss	Individuals with disabilities or medical conditions (sensory impairment) Elderly, Infirm, Wheelchairs	Yes

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STEP 3 – Action Plan – Give details of actions to be taken that will reduce risks to health and safety.

Describe as fully as possible the action to be taken	WHO is responsible for ensuring the action is carried out?	Date by which Action is to be completed	Confirmation that required Action has been completed (Signature of person responsible for ensuring action completed & Date)
Apply to District Council for road closure in good time ahead of the parade.			
Signs to be ordered from County Council in good time to ensure sufficient are available as needed.			
Consideration to be given to having a first aider accompanying the event. Is First Aider required? YES / NO			
Organiser will liaise with the following organisations before the event so everybody knows the plans and their responsibilities – <ul style="list-style-type: none"> • Emergency Services - Ambulance • Leicestershire Constabulary 			
Stewards will visually check the route of the parade when setting up road closure signs and cones.			

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Classification of Risk

Risk Analysis/ Priority of Action Matrix

SEVERITY	LIKELIHOOD				
	1 Very Unlikely <i>(freak event – no known history)</i>	2 Unlikely <i>(Unlikely sequence of events)</i>	3 Possible <i>(Foreseeable under unusual circumstances)</i>	4 Likely <i>(Easily foreseeable-odd incident may have occurred)</i>	5 Very Likely <i>(Common occurrence – aware of incidents)</i>
1 Negligible <i>(No visible injury – no pain)</i>	Low	Low	Low	Low	Low
2 Slight <i>(Minor cuts, bruises – no long term effects)</i>	Low	Low	Low	Medium	Medium
3 Moderate <i>(Heavy bruising, deep flesh wound. Lost time accident)</i>	Low	Low	Medium	High	High
4 Severe <i>(Lost time accidents and major injuries)</i>	Low	Medium	High	High	High
5 Very Severe <i>(Long term disability or death)</i>	Low	Medium	High	High	High

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Distribution of Completed Assessment					
People directly involved			Others (e.g. Contractors)		
Name	Job Title	Work Area	Company Name	Contact Name	Position in Company

- Please note that this is provided as an example only of what an event risk assessment looks like, it is the responsibility of the parade organisers to produce a risk assessment for submission to their district council along with a traffic management plan.