# Vibration risk assessment template VRA1

To be undertaken in conjunction with the Code of Practice [VS CoP001 Vibration safety](http://www.docs.csg.ed.ac.uk/Safety/Policy/VS_CoP001_Vibration_safety.pdf), appendix 1 of that CoP and [ready reckoner or vibration calculator](http://www.hse.gov.uk/vibration/HAV/vibrationcalc.htm) available from the HSE. If using multiple tools, transposing this template into excel may make it easier to manage the large data.

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| --- | --- | --- | --- | --- | --- | --- |
| **School/Department:** | | **Activity:** | | | **Ref No.:** | |
| **Equipment/tool causing vibration** | **Make, Model, Power** | | **Tool Vibration level** (m/s2 = equiv pts) | **Employees using vibrating tool – also identify those at higher risk** | **Trigger time per day** (hours) | **Exposure Level** (points) |
|  |  | |  |  |  |  |
| **DAILY EXPOSURE LIMITS** •400 points or more or 5 m/s2 and above ELV – high priority, stop work as it currently stands and must reduce to below this to as low as practicable •100 to 399 points or above EAV 2.5 to 5 m/s2 – medium priority and should reduce to as low as practicable •less than 100 points or less than EAV 2.5 m/s2 – low priority, likely no further action required although if you can reduce the level, then this should be implemented | | | | | | |
| **Recommendation for further controls – list in order of priority**  (if exposure > EAV or ELV) | | | | **Action taken and date required by/fulfilled by:** | | **Name/Position responsible** |
| Short term –  Long term – | | | |  | |  |
| **Health screening or surveillance required -** Identify any staff with pre-existing or ongoing health conditions as per Code of Practice, who may be more sensitive to vibration exposure and ensure they follow the appropriate process | | | | | | |
| **Employee (due to data protection, you should record only staff numbers on this form and not names) – tick as appropriate** | | | | **Health screening** | **Health surveillance** | **Date submitted to OH** |
| **Risk assessment carried out by, date and signature** | | **Name and position** | | **Date** |  | **Signature** |
| **Review dates, comments and signature** | | Review on a regular basis and when activity, tools or trigger times change significantly or following an accident/incident or as indicated by health surveillance results – record reason here | | **Date** |  | **Signature** |