***Apiary Risk Assessment* Location: John Doe’s Apiary**

**To be completed by a competent and experienced person and the risks communicated to all personnel affected.**

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| **Project Date:**  | 01/04/2023 |
| **Work Activity Being Assessed:** | Beekeeping with an allergy |
| **Principle Investigator:** | John Doe |
| **Assistant** | Jane Doe |
| **Nearest First Aid Kit/Station** | In house |
| **Permit Date /No. [if required]** | N/A |

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| **Date of Current/Last Assessment:** | 01/04/2023 |
| **Assessment Review Date:** | 01/04/2023 |
| **Approved by (Name & Signature):** | *[John Doe’s signature]* |
| **Training requirements:** | Basic beekeeping course/experience |
| **Weather Conditions/ Forecast** | Multiple visits. Therefore variable |
| **Other Information:** | Clear, sunny weather normally required. |

**Section 1 – Hazard Analysis of the Intended Work Activity Section 2-Assessment of Risk Factor**

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| **Hazard No.** | **Description of Identified Hazards** | **Existing control measures to protect personnel from harm**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard****No.** | **Likelihood****Of harm** | **Severity of** **Harm** | **Risk****Factor** |
| **1** | **1** | **2** | **2** |
| **2** | **1** | **2** | **2** |
| **3** | **1** | **2** | **2** |
| **4** | **1** | **3** | **3** |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |

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| **­­** | **Severity of Harm** |
| **Very low 1** | **Low** **2** | **Moderate****3** | **High 4** |
| **Very** **Unlikely 1** | **Very****Low** | **Low** **2** | **Low 3** | **Moderate 4** |
| **Unlikely 2**  | **Low 2** | **Moderate 4** | **High****6** | **Very High 8** |
| **Likely 3** | **Low 3**  | **High 6**  | **Extremely****High 9** | **Extremely High 12** |
| **Very** **Likely 4** | **Moderate 4** | **Very High 8** | **Extremly****High 12**  | **Stupid 16** |
| **To assess the risk factor rising from hazards**1. **Multiply severity by likelihood to determine RISK**
2. **1 and 2 no action needed**
3. **3 and 4 reduce risk and care needed**
4. **6 and 8 take immediate steps to reduce risk before continuing**
5. **9, 12 and 16 find another less risky way of completing the project**
 |

 |
| **1** | Driving to apiary | Correct road use within speed limits |
| **2** | Walking to apiary | Use of footpaths, appropriate care crossing roads |
| **3** | Bee sting | * Beekeeper PPE used, including gloves.
* Mobile phone kept on person during work.
* Antihistamine cream/tablets available.
* Epipen, steroids to hand
* No lone working
 |
| **4** | Moving hive parts | Manual handling course |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |

**Contact numbers Section 3—Additional Safety Measures**

|  |  |  |
| --- | --- | --- |
| **Contact person at base** | Jane Doe | 086-5551234 |
| **Nearest GARDA Station** | Drogheda | 041-9874200 |
| **Nearest Doctor** | Lourdes Hospital | 041-983 7601 |
| **Nearest Hospital** | Lourdes Hospital | 041-983 7601 |
| **Emergency services** |  | 112 or 999 |

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| Risk 3 – PPE put on at a safe distance from the apiary |
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| Check that all hazards /risks have been reduced to an acceptable level |

Signed by all involved

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature | *[John Doe’s signature]* | *[Jane Doe’s signature]* |  | Location: John Doe’s Apiary |

***Apiary Risk Assessment* Location: John Doe’s Apiary**

**To be completed by a competent and experienced person and the risks communicated to all personnel affected.**

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| **Project Date:**  | 01/04/2023 |
| **Work Activity Being Assessed:** | Beekeeping without an allergy |
| **Principle Investigator:** | John Doe |
| **Assistant** | Jane Doe |
| **Nearest First Aid Kit/Station** | In house |
| **Permit Date /No. [if required]** | N/A |

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| --- | --- |
| **Date of Current/Last Assessment:** | 01/04/2023 |
| **Assessment Review Date:** | 01/04/2023 |
| **Approved by (Name & Signature):** | *[John Doe’s signature]* |
| **Training requirements:** | Basic beekeeping course/experience |
| **Weather Conditions/ Forecast** | Multiple visits. Therefore variable |
| **Other Information:** | Clear, sunny weather normally required. |

**Section 1 – Hazard Analysis of the Intended Work Activity Section 2-Assessment of Risk Factor**

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| **Hazard No.** | **Description of Identified Hazards** | **Existing control measures to protect personnel from harm**

|  |  |  |  |
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| **2** | **1** | **2** | **2** |
| **3** | **1** | **2** | **2** |
| **4** | **1** | **2** | **2** |
| **5** |  |  |  |
| **6** |  |  |  |
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| **Very** **Unlikely 1** | **Very****Low** | **Low** **2** | **Low 3** | **Moderate 4** |
| **Unlikely 2**  | **Low 2** | **Moderate 4** | **High****6** | **Very High 8** |
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| **3** | Bee sting | * Beekeeper PPE used, including gloves.
* Mobile phone on person
* Sting relief cream
 |
| **4** | Moving hive parts | Manual handling course |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
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| Check that all hazards /risks have been reduced to an acceptable level |

Signed by all involved

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature | *[John Doe’s signature]* | *[Jane Doe’s signature]* |  | Location: John Doe’s Apiary |