| | | Risk Assessment Form – Part A | | | | | |
|--|---------------------------|---|----------------------------|---|-------------------|-------|--------------------------|
| Reference: | Task n | ımber: Type | | Туре | of Operation | | |
| Assessment | summary | details | etails | | | | |
| Assessment title (Simple name for reference purposes) | | CAA Audit of UAV8 Ltd – Flight Assessment | | | | | |
| Risk Assessor | | | | Contact number | | | |
| UAS Pilot / Operator | | | | Contact number | | | |
| UAS Camera Operator | | | | Contact | ntact number | | |
| UAS Safety Observer | | | | Contact | ntact number | | |
| Date and Time of Assessment | | | | Weather Conditions | | | |
| Outline of the t | task | | | | | | |
| | | | | Review | riew / End date | | |
| Location | | | | Grid Reference | | | |
| Location details | | | | Private landowners name and contact details | | | t details |
| UAS Team (Roles, responsibilities, competencies) | | | | | | | |
| Attachments (Detail supporting documents) | | | | | | | |
| Assessor (Person drafting risk assessment) | | | Assessor safety competence | | | | |
| Authoriser | | | Со | | mpany Position | | |
| Distribution | | | | | | | |
| (Who gets a copy of the assessment) To be maintained for a period of twelve months and attached to signed authorisation sheet | | | | | | | |
| Activity and Hazard Summary [This is a summary of the activities listed in part B of the risk assessment.] | | | | | | | |
| Activity | | | Who Exposed Activi | | Activity Risk Ra | ating | |
| | | | | | | | (Red / Amber / Green) |
| Comments log | | | | | | | |
| Who by | Who by Date / time Commer | | nts As | | Assessor response | | Date/ time responded |
| | | | | | | | |

| | | Risk Assessment Form – Part B | |
|---|--|---|-----------|
| Reference: | | Sign-off status | |
| ACTIVITIES: What involved? Complete | are you doing, where, for how long a the fields in the form below). | and who will be HAZARDS & CONTROLS: How could someone become hurt and you going to prevent this from happening? | d how are |
| Activity Title: | | | |
| Activity Description: | | | |
| List those managing this Activity and their competence: | | | |
| Who & how many are risk from this Activity | at ? | | |
| Hazards | | Control measures | |
| How could someone bec | ome hurt | Mitigation to reduce risk to ALARP | |
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| How could someone become | Hazards e hurt | Control measures Mitigation to reduce risk to ALARP | | | |
|--|--------------------------------------|--|--|--|--|
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| | | | | | |
| Risk Level: After your controls have been applied what is your assessment of the risk leval activity? | | | High/Medium/Low (delete as applicable) | | |
| Add additional activ | rities as required – on separa | ate sheet | | | |
| | | | | | |
| Signatures: | | | | | |
| , | | | | | |
| Risk Assessor: | | | | | |
| | e correct. I am fully aware of the o | | n part A. The details included in this report are to g crew of the identified risk and mitigations as | | |
| Name: | Signature: | Date | :: | | |
| | | | | | |
| Authorisor: | | | | | |
| I am satisfied with the re | eport and the mitigation applied to | ensure that the task maintains a risk that | is ALARP compliant. | | |
| Name: | Signature: | Date | | | |
| | | | | | |