



# SLIDING GATE RISK ASSESSMENT GUIDE FORM

The following form is only intended as a guide. It does not, nor is it intended to cover all and every risk associated with an automatic gate system. It is the installers responsibility to identify, assess and inform the client of any possible risks of injury either real or perceived. This Risk Assessment Form, should be filled-in signed and a copy handed to the client.

## TYPE OF INSTALLATION

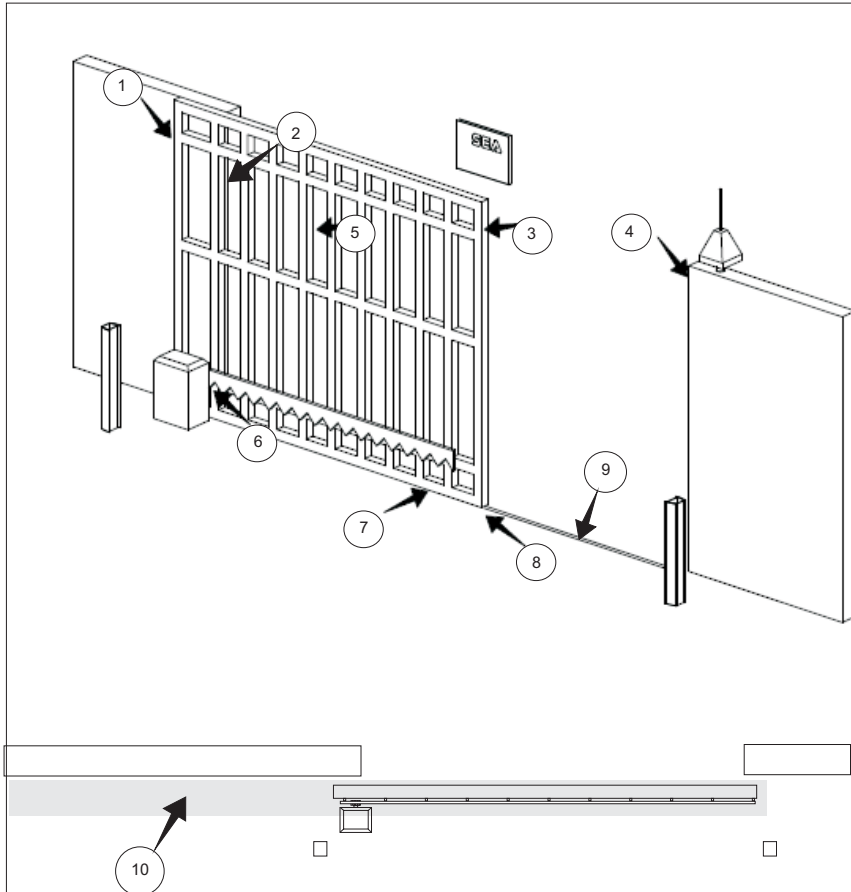
Private Dwelling (house) ☐ Private Multi-user (flats) ☐ Business/Commercial ☐

## INSTALLATION LOCATION

Private Area ☐ Private/Public Area ☐ Unrestricted Public Area ☐

## INSTALLATION USER PROFILE

Private instructed users ☐ Private/Public instructed users ☐ Un-instructed Public users ☐



## Risk Identification

1. Gate, Leading/Trailing Edge:- Risk of Trapping or Crushing. To be tested by Dynamic Impact Meter.
2. Area between Gate and Fixed Point (wall or support post):- Risk of Dragging, Crushing, Trapping or Cutting.
3. Gate, Leading/Trailing Edge:- Risk of Trapping or Crushing. To be tested by Dynamic Impact Meter.
4. Fixed Point:- Risk of Crushing, Trapping or Cutting.
5. Gate Design:- Risk of Dragging, Trapping, Crushing or Cutting.  
Alter or protect elements of the gate leaf that due to their shape or position may cause a hazard
6. Gate Drive Mechanism:- Potential Hand Hazzard:- Risk of Dragging, Trapping, Crushing or Cutting.
7. Below Gate Frame:- Potential Foot Trap. Risk of:- Trapping, Crushing or Cutting.  
Gap under gate of more than 25mm must be protected..
8. Lower Leading Edge . Potential Foot Trap:- Risk of Trapping or Crushing.
9. Ground Track:- Trip Hazzard.
10. Gate Travel Area. Limit the possibility of impact by installing protection devices.

## Identified Risks List

Risk No.	Action to be taken

## Other Risks/Hazzards (mark on drawing)

Description

Company Name: .....

Address: .....

.....

Post Code: .....

Signed: .....

Print Name: .....

Tel: .....

Date: .....

Client's Name: .....

Site Address: .....

.....

Post Code: .....

Signed: .....

Print Name: .....

Tel: .....

Date: .....